



The International Journal of
INDIAN PSYCHOLOGY



Person of the Month
Erik Erikson (1902-1994)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
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Editor

Ankit P. Patel

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Message from the Desk of Editor

It gives me great opportunity to present the forth volume of IJIP, the measure of progress. The concept of a Journal of Indian Psychology has been developing for over few years and finally another issue has come to fruition. From this edition we will have ISSN for online 2348-5396 and print 2349-3429, ZDB-No.: 2775190-9, IDN: 1052425984, CODEN: IJIPD3, OCLC: 882110133, WorldCat Accession: (DE-600) ZDB2775190-9, ResearchID: P-8455-2015 in our publication. RedShine Publication, Inc is grateful to the contributors for making this Journal a reality.

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The journal gives preference to psychological oriented studies over experimental and mind studies.

The Journal would publish peer-reviewed original research papers, case reports, systematic reviews and meta-analysis. Editorial, Guest Editorial, Viewpoint and letter to the editor are solicited by the editorial board. Large numbers of research papers were received from all over the globe for publication and we thank each one of the authors personally for soliciting the journal. We also extend our heartfelt thanks to the reviewers and members of the editorial board who so carefully perused the papers and carried out justified evaluation. Based on their evaluation, we could accept some research papers for this issue across the disciplines. We are certain that these papers will provide qualitative information and thoughtful ideas to our accomplished readers. We thank all the readers profusely who conveyed their appreciation on the quality and content of the journal and expressed their best wishes for future issues. We convey our deep gratitude to the Editorial Board, Advisory Board and all office bearers who have made possible the publication of this journal in the planned time frame.

We humbly invite all the authors and their professional colleagues to submit their research papers for consideration for publication in our upcoming issues as per the “Scope and Guidelines to Authors” given at the website. Any comments and observations for the improvement of the journal are most welcome.

Prof. Suresh Makvana, PhD¹
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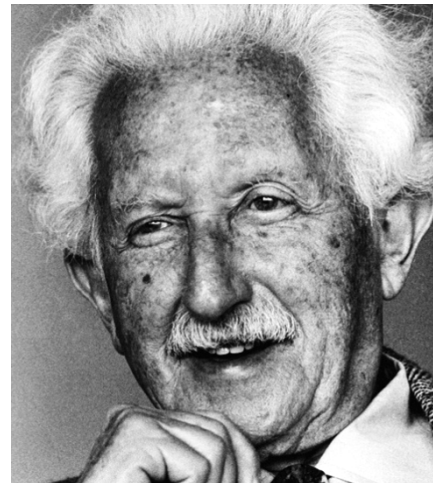
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Person of the Month: Erik Erikson (1902-1994)

Ankit Patel¹

Born	15 June 1902 Frankfurt am Main, Hesse, Germany
Died	12 May 1994 Harwich, Cape Cod, Massachusetts, U.S.
Citizenship	American, German
Known for	Theory on social development
Fields	Developmental psychologist



Erik Homburger Erikson was a German-born American developmental psychologist and psychoanalyst who pioneered in the world of child psychology by giving his development theory with his ‘eight psychosocial stages’. He was born in Frankfurt in unusual circumstances in which his mother did not conceive him through her husband but he never got to know who his biological father was. It is said that the history of his birth is something that triggered the need in him to pursue the concept of identity and it is how he gave the world the psychological term ‘identity crisis’, a major contribution to the world of psychology and psychoanalysis. He grew up in Germany and came in contact with the world of psychoanalysis when he met Sigmund Freud’s daughter Anna Freud. He studied psychoanalysis at the Vienna Psychoanalytic Institute but Nazi invasion of Germany led to his emigration to America. In America, Erikson found a wide scope to practice psychoanalysis on children in Boston and worked at various medical institutes, including the Harvard University and California University. He studied the psychology of children from various social structures, environments, emotional and psychological issues and compiled his observations in the most prominent book of his career, ‘Childhood and Society’. Erikson is also credited with being one of the originators of Ego psychology, which stressed the role of the ego as being more than a servant of the id. According to Erikson, the environment in

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Person of the Month: Erik Erikson (1902-1994)

which a child lived was crucial to providing growth, adjustment, a source of self-awareness and identity. Erikson won a Pulitzer Prize and a U.S. National Book Award in category Philosophy and Religion for *Gandhi's Truth* (1969), which focused more on his theory as applied to later phases in the life cycle.

The Erikson life-stage virtue, in order of the eight stages in which they may be acquired, are:

1. Hope, Basic trust vs. basic mistrust
2. Will, Autonomy vs. Shame
3. Purpose, Initiative vs. Guilt
4. Competence, Industry vs. Inferiority
5. Fidelity, Identity vs. Role Confusion
6. Love, Intimacy vs. isolation
7. Care, Generativity vs. stagnation
8. Wisdom, Ego integrity vs. despair
9. Psychosocial Crises

Most Cited works

1. *Childhood and Society* (1950)
2. *Young Man Luther. A Study in Psychoanalysis and History* (1958)
3. *Identity: Youth and Crisis* (1968)
4. *Gandhi's Truth: On the Origin of Militant Nonviolence* (1969)
5. *Adulthood* (edited book, 1978)
6. *Vital Involvement in Old Age* (with J.M. Erikson and H. Kivnick, 1986)
7. *The Life Cycle Completed* (with J.M. Erikson, 1987)

TIMELINE

- **1902:** Erik Erikson was born in Frankfurt, Germany to Karla Abrahamsen and Waldemar Isidor Salomonsen, who was a Jewish stockbroker. He was born to his mother under the circumstances where his mother had not seen his father for several months. He was registered as Erik Salomonsen at birth and there is no information available about his biological father. Shortly after he was born, his mother moved to Karlsruhe to become a nurse and got remarried to a pediatrician, Theodor Homburger.
- **1908:** Erik Salomonsen's name was changed to Erik Homberger.
- **1911:** Erickson was officially adopted by his stepfather, Theodor Homburger and he became Erik Homburger. The story of his birth was kept from him for a long time and he grew up not knowing who his real father was.
- **1930:** Erikson married Joan Serson Erikson and remained married to her until his death. They had 4 children together. His son, Kai T. Erikson is a prominent American sociologist.

Person of the Month: Erik Erikson (1902-1994)

- **1931:** Erikson married Joan Mowat Serson, a Canadian dancer and artist whom Erikson had met at a dress ball. During their marriage Erikson converted to Christianity.
- **1933:** He received his diploma from the Vienna Psychoanalytic Institute. This and his Montessori diploma were to be Erikson's only earned academic credentials for his life's work.
- **1933:** While Erikson was being trained in psychoanalysis, Nazis took over Germany and he had to leave the country. He first moved to Denmark and then emigrated to States where he became the first child psychoanalyst in Boston.
- **1933:** With Hitler's rise to power in Germany, the burning of Freud's books in Berlin and the potential Nazi threat to Austria, the Eriksons left an impoverished Vienna with their two young sons and emigrated to Copenhagen. Unable to regain Danish citizenship because of residence requirements, the Eriksons left for the United States, where citizenship would not be an issue
- **1936:** Erikson joined Harvard University and worked at the Institute of Human Relations, while teaching at the Medical School. Side by side, he was also studying a set of children on a Sioux reservation in South Dakota.
- **1937:** Erikson left Harvard and joined the staff of the California University in 1937. He associated with the Institute of Child Welfare there and opened his private practice. He also devoted his time in studying the children of the Yurok tribe.
- **1939:** He left Yale, and the Eriksons moved to California, where Erik had been invited to join a team engaged in a longitudinal study of child development for the University of California at Berkeley's Institute of Child Welfare.
- **1950:** After publishing the book, *Childhood and Society*, for which he is best known, Erikson left the University of California when California's Levering Act required professors there to sign loyalty oaths.
- **1950:** All of his observations of children of different environments and breeds led to compilation of the most famous book of his psychology career, '*Childhood and Society*' in 1950. The book introduced the world to the concept of 'identity crisis'.
- **1960:** He returned to Harvard as a professor of human development.
- **1960:** He went back to Harvard University and took the position of professor of human development and worked until his retirement and after his formal retirement he wrote on various subjects of psychology along with his wife.
- **1969:** Erikson won a Pulitzer Prize for the contribution in the field of psychology through his writings and a U.S. National Book Award in category Philosophy and Religion for his book '*Gandhi's Truth* (1969)'.
- **1973:** The National Endowment for the Humanities gave an opportunity to Erikson to lecture at the Jefferson Lecture, the United States' highest honor for achievement in the humanities. His lecture was called "Dimensions of a New Identity".

Person of the Month: Erik Erikson (1902-1994)

- **1973:** The National Endowment for the Humanities selected Erikson for the Jefferson Lecture, the United States' highest honor for achievement in the humanities. Erikson's lecture was titled "Dimensions of a New Identity"
- **1994:** Erikson died on May 12, 1994 in Harwich, Massachusetts. He and his wife are buried in the First Congregational Church Cemetery in Harwich.

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Mental Health among Married Men and Women

Vikas K. Rohit^{1*}

ABSTRACT

Aim of the study is to find out the mental health among married men and women so investigator selected two groups one is low age of married men and women and other is high age of men and women, both groups have 30 respondents. In one group has 19 low age of married men and women and other one groups has 11 high age of married men and women. Data were collected from anand city. Scale was use for data collection is personal datasheet and mental health scale developed by bhatt and geeda (1992) and data were analysis through 't' test. Result show, There is no significant mean difference of mental health between low and high age of married men and women. There is no significant mean difference of the mental health of joint and nuclear family of married men and women.

Keywords: *Mental Health, Married Men and Women*

Mental health is a level of psychological well-being, or an absence of a mental disorder; it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment".

Mental health is a state of well-being in which a person understands his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

The expression "Mental Health " Consist of two words Mental and Health', 'Health' generally means sound conditions or well being or freedom from desire, Mental Health therefore means a sound mental condition or a state of psychological well being of freedom from mental daises.(Sing 2004)

Mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, even if the person does not have any diagnosed mental health condition. This definition of

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Mental Health among Married Men and Women

mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Some discussions are formulated in terms of contentment or happiness. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness. Positive psychology is increasingly prominent in mental health.

Mental health and stability is a very important factor in a person's everyday life. Social skills, behavioural skills, and someone's way of thinking are just some of the things that the human brain develops at an early age. Learning how to interact with others and how to focus on certain subjects are essential lessons to learn from the time we can talk all the way to when we are so old that we can barely walk. However, there are some people out there who have difficulty with these kinds of skills and behaving like an average person. This is a most likely the cause of having a mental illness. A mental illness is a wide range of conditions that affect a person's mood, thinking, and behaviour. About 26% of people in the United States, ages 18 and older, have been diagnosed with some kind of mental disorder.

Aims Of The Study:

1. To study of the mental health among low and high age of married men and women.
2. To study of the mental health among joint and nuclear family of married men and women.

Hypothesis:

1. There is no significant difference between the mental health of low and high age of married men and women.
2. There is no significant difference between the mental health of joint and nuclear family of married men and women.

METHOD

Sample:

For this research 43 male and female were taken as sample from anand city primary school teachers. Out of that only 30 samples randomly selected, which are 19 low and 11 high age of male and female.

Tools used:

The following tools were used in the present study:

1. Personal Data sheet:

Certain personal information about respondents included in the sample of research is useful and important for study. Here also, for collecting such important information, personal data sheet was prepared. With the help of this personal data sheet, the information about types of age and types of family was collected.

In this research following tools are used:

Mental Health among Married Men and Women

2. Mental health scale

Mental health scale was developed by bhatt and geeda (1992). It contains 40 items to measure the mental health. It is meant for any group.

Statistical Analysis:

In this study 't' test was used for statistical analysis.

RESULT AND DISCUSSION

Table no.1, (N=30), Means, SDs and 't' value of mental health with reference to Type of Age:

Type of Age	N	Mean	SD	't' value
Low	19	40.37	3.59	1.52(NS)
High	11	38.09	4.13	
NS= Not significant				

It is revealed in Table No.1 that mean score of mental health in married men and women belonging to low and high ages are 40.37 and 38.09 respectively. These means indicate that married men and women of low ages experienced the highest level of mental health (40.37) as compared to the married men and women of high ages (38.09).The result indicate this as first sight when 't' value was calculated to know statistical significant of mean difference, insignificant difference was observed between low and high ages of married men and women. 't' value is 1.52 (Table no.1) which is statistically insignificant. Hence the null hypothesis (No.1) was accepted. Thus the results show that type of age has no significant effect on mental health.

Table no.2, (N=30), Means, SD and 't' value of mental health with reference to Type of family

Type of Family	N	Mean	SD	t value
Joint	19	40.94	3.77	1.20(NS)
Nuclear	11	38.90	4.82	
NS = Not Significant				

It is revealed in Table No.2 that mean score of mental health in married men and women belonging to joint and nuclear families are 40.94 and 38.90 respectively. These means indicate that married men and women of joint families experienced the highest level of mental health (40.94) as compared to the married men and women of nuclear families (38.90).The result indicate this as first sight when 't' value was calculated to know statistical significant of mean difference, insignificant difference was observed between joint and nuclear families of married men and women. 't' value is 1.20 (Table no.2) which is statistically insignificant. Hence the null hypothesis (No.2) was accepted. Thus the results show that type of families has no significant effect on mental health.

CONCLUSION

1. There is no significant difference between the mental health of low and high ages of married men and women.

Mental Health among Married Men and Women

2. There is no significant difference between the mental health of joint and nuclear families of married men and women.

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Conflict of Interests

The author declared no conflict of interests.

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Impact of Stress on Academic Achievement among Engineering Students

Sindhu P^{1*}

ABSTRACT

The present generation faces more stress. The present study is aimed to find the relationship of Stress with Academic achievement among engineering students. The target population of the study comprised of students of few Engineering colleges under VTU (Visvesvaraya Technological University). For the study, a sample of 20 Undergraduate students of the Visvesvaraya Technological University (studying Engineering) was taken. The Cohen Perceived Stress Scale was used to measure the level stress among the students. The in-depth investigation of the findings obtained through this study reveals that the level of stress was found high for both Low and High scorers. The findings of the study will be useful in assisting Educators, Counselors, Psychologists, and Researchers to develop strategies to enhance students' psychological well-being.

Keywords: *Stress, Low and High Achieving Students, University*

Stress is a mechanism of any internal or external demand made upon the body (Dusselier et al., 2005). Stress is considered as a state of individuals that result from their interaction with the environment that is perceived as too demanding and a threat to their well-being. The stressors are not only physical, but may also involve emotions. Many people experience stress as they combine busy lives and the demands of study and or work while trying to also save time for friends and family. For some people, stress becomes almost a way of life. We all experience episodic stress – getting ready for a major exam, completing an important paper, perhaps getting ready for an important interview. However, a continuous “state” of stress should not become a way of life. We know that stress – over a prolonged period of time – can have increase certain health risk, to say nothing of the wear and tear that happens to relationships and general wellbeing.

Failed relationship, family pressures or studies, peer pressure (tough competition). Students pursuing professional courses and female students show higher scores - often related to academic

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goals, performance and exams (Isabella & Manjula, 2011; Jadoon et al, 2010; Ospina et al, 2011; Uras, et al, 2012). Sources of academic stress include: Academic pressures (73%); Not enough time for studies (63%); Future/ career (61%); Finances (41%); Not enough time (other) (40%). Inappropriate academic choices, unrealistic parental expectations, limited opportunities to get admission in to professional courses and good colleges (Das & Majula, 2009; Meghna & Manjula, 2012; Hesi & Manjula, 2011; Saumya & Manjula, 2010; Sahani, 2006).

LITERATURE REVIEW

Stress was found to be a part of students' life and could give impact on how students cope with the demands of academic life. Students reported experiencing academic stress at predictable times each semester with the greatest sources of academic stress resulting from taking and studying for exams, grade competition, and the large amount of content to master in a small amount of time (Rawson, Bloomer, & Kendall, 1999).

One model that is useful to study in understanding stress among students is the person environment model (Misra & McKean, 2000). According to this model, individuals can appraise stressful events as challenging or threatening. When students perceived their education as a challenge, stress can bring them a sense of competence and an increase capacity to learn. However, when education is perceived as a threat, stress can elicit feelings of hopelessness and a foreboding sense of loss, thus leading to lower academic achievement.

Research shows that there exists a relationship between stressful life events and poor academic performance among college students and there is a connection between health-related quality of life and stress (Dusselier et al., 2005; Misra & McKean, 2000). Because stress adversely affects psychological and physical health, undergraduate students reported that stress was the most common health factor impacting their academic performance (Dwyer & Cummings, 2001). Demakis and McAdams (1994) found that undergraduate students who reported heightened levels of stress had significantly more physical health problems and less satisfaction towards academic achievement compared to those reporting lower levels of stress.

The perception of the stress by the students could play significant roles on its seriousness. When stress is perceived negatively or becomes excessive, students experience physical and psychological impairment (Murphy & Archer, 1996). Excessive stress among students was found to reduce effectiveness of their study which contributes to bad habits, and results in negative long-term consequences, including absenteeism, poor academic performance, and school dropout.

Wintre and Yaffe (2000) found that increases in stress during the first year predicted decreased overall adjustment and made the students more vulnerable to many social and psychological problems, thus contributed lower grade point average (GPA) in the final year.

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Social situation is another important factor in causing psychological problems. A more recent study showed that that social situation of the students could activate stress (Dusselier et al., 2005). It was found that timid individuals feel and sense stress more compared to their outgoing friends. There is a possibility that the students will not become active in their academic life. The same study showed that stress together with sleep loss and substance abuse will lead to college depression.

The findings highlighted in the previous research found that stress influences academic achievement. The presence of stress could affect students' performance in their academic life. Thus, the higher the stress level, the lower the academic achievement.

Objective of the Study

1. The objective of the study is to find the relationship of Stress with the academic achievements of students.

Hypothesis

The following hypotheses are formulated and tested:

The Null Hypotheses is as follows:

2. There is no effect of Stress on Academic achievement.
3. The alternative hypotheses are as follows:
4. There is significant effect of Stress on Academic achievement.

RESEARCH METHODOLOGY

The sample of this study consisted of 20 Engineering students of the VTU University, out of which 15 were considerable. They were selected using random sampling technique. For the purpose of the study, the participants were divided into two groups, low and high achieving groups. Low achieving group refers to students who obtained percentage below 60%, and high achieving group refers to students who obtained percentage of 60% and above. The study used Cohen Perceived Stress Scale questionnaire to gather information regarding levels of stress.

TESTING OF HYPOTHESIS

Descriptive statistics used in this quantitative research work were percentages, means, and standard deviations. For the analysis, Independent sample t-tests were used to measure differences between low and high achieving groups in their stress levels. The hypothesis has been formulated as the initial step. A test statistic must be defined to test the validity of the hypothesis.

The test statistic is computed from sample information. Here, t- test is chosen as statistical test and a standard value of Significance level (0.05). A decision rule is used to accept or reject the null hypothesis.

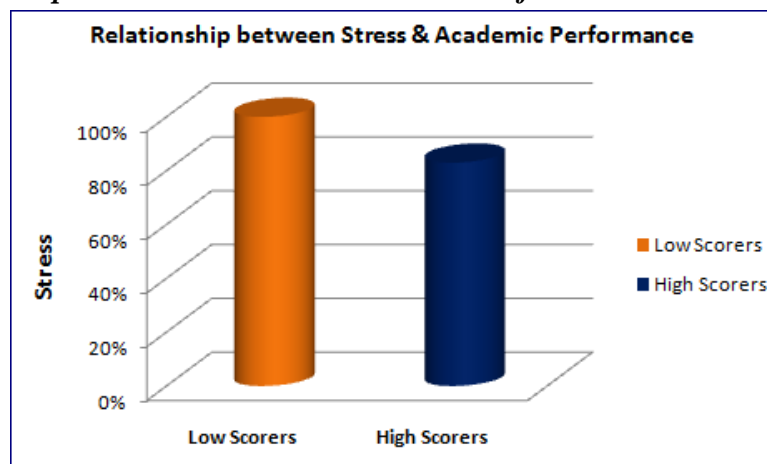
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Two types of analyses were performed to identify the differences in stress level between high and low achieving students. First, the means and standard deviations were obtained to determine the extent to which these two groups reported experiencing stress. Second, t-tests were conducted to evaluate whether the differences in levels of stress between low and high were significant or not. The result of the same has been tabulated as shown below.

Table 1: Mean, Standard Deviation, T-test and p values of Measurements

Measurements	Low Achieving students (3)			High Achieving students (12)			Level of Significance = 0.05	
	Mean	SD	DF	Mean	SD	DF	T test	p value
Stress	21.67	7.37	2	21.75	6.8	11	0.019	0.492

Figure 2: Relationship between Stress and Academic Performance



The analysis shows that the mean score for Stress of low achieving students was 21.67 (SD = 7.37) and the mean score for high achieving students was 21.75 (SD = 6.8). Independent sample t-test yielded no significant difference in Stress between the low-and high-achieving group, $t(15) = 0.019$. Since $p > 0.05$, the null hypothesis is failed to reject. In other words, there is no effect of Stress on student's academic performance. The results of the test showed that both high scorers and low scorers have high stress (See Figure 2).

DISCUSSION

The present study was conducted to examine the effect of stress between low-and high-achieving students. 20 undergraduate students, both males and females, were selected as participants in this study. By having knowledge and understanding on this research study, it could help many, such as educators, counselors, and psychologist to design and develop proper intervention program to reduce psychological problems among students. The students themselves could benefit from the study. Information and ideas gained from this research could help them to face, manage, and

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handle the psychological problems. Therefore, enhancing knowledge and strategies in controlling psychological problems among students may help to increase their academic achievement.

CONCLUSION

The present generation faces more stress. In an attempt to understand the relationship between stress and academic performance, the stress level of students is measured. Specifically, students are divided into low-achieving group and high-achieving groups and their stress level is compared. The findings of the present study indicated that both low and high scorers reported higher level of stress. This finding of the study can help to design programmes and strategies to boost students' performance in academic life.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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Personality (Type A and Type B) In Relation to Organizational Citizenship Behaviour (OCB) Among Female Nursing Professionals

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ABSTRACT

The objective of present study is to examine the extent of organizational citizenship behaviour among type A and type B personality nursing professionals. OCB is a spontaneous and voluntary initiative taken by an employee which is not formally rewarded by an organization's management. A nursing professional in a health care organization is primarily concerned with the well-being and assurance of proper health care facilities to the patients. So, in this respect, the concept of OCB becomes crucial particularly in a health care organization. Contemporary literature largely focuses on linking organizational citizenship behaviours with Big-5 personality traits. However, only a few of them addressed the personality traits of type A and type B among nursing professionals. The hypotheses predicting a negative relationship between type A and OCB while, a positive relationship between type B and OCB were formulated. The correlational analysis was carried in order to test the proposed hypotheses. For this purpose, data were gathered from 50 female nursing professional working in a private hospital using standardised tools. The obtained results indicate a significant positive relationship between type B and OCB and a negative correlation was obtained between OCB and type A personality. The findings suggest that type B nurses are willing to go beyond their in-role tasks for the welfare of both the patients and their organizations. Ultimately, the study aims to contribute to the hiring of nursing staff and providing appropriate interventions for each personality type.

Keywords: *Organizational Citizenship Behaviour, Type A and Type B personality, Big-5 personality traits.*

A health care sector includes services such as preventive, curative, palliative and rehabilitative care to treat patients. The modern health care industry is largely dependent on interdisciplinary teams of trained professionals in order to meet the health requirements of individuals and populations. A nursing professional within the health care sector is primarily responsible for caring of individuals, families, and communities to maintain, attain, or recover so as to achieve a

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desired quality of life. Productive nurses in a health care organization play a significant role in improvements of these organizations (Dehghanet al, 2005). It is a profession which involves a close interaction with patients and their families which requires a good communication and team cooperation. Therefore, in this respect, the concept of Organizational Citizenship Behaviour (OCB) becomes indispensable for establishing an increased work quality and patient satisfaction (Altuntaş, 2008; Altuntaş& Baykal, 2010).

Over the past three decades, the interest in Organizational citizenship behaviours has increased significantly. OCBs are the extra-role behaviours, also commonly known as good soldier syndrome (Organ, 1988). Organ (1988) defines OCB as “individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate promotes the effective functioning of the organization” (p. 4). Such positive behaviours are not formally included in the job description and increase the efficiency of an organization as a whole. They are voluntarily displayed by workers depending on their personal choice and have important consequences in the workplace.

OCB can chiefly take two forms: OCBO, behaviours directed towards the organization and OCBI which are directed towards the individuals (Williams & Anderson, 1991). Furthermore, in a subsequent attempt to explain OCB, Organ (1988) and other studies (i.e., Mackenzie, Podsakoff, & Fetter, 1991, 1993; Podsakoff & MacKenzie, 1994; Podsakoff, MacKenzie, Paine & Bachrach, 2000; Lievens & Anseel, 2004) highlighted five distinct categories of discretionary behaviour and explained their effectiveness in the organizations. These are: Conscientiousness, Altruism, Civic Virtue, Courtesy, and Sportsmanship. Organ (1988), defines conscientiousness as an indication of hard work and accountability that exceeds formal requirements such as working late hours. Altruism is a voluntary behaviour wherein an employee helps other individual by giving him assistance to complete a particular task under unusual circumstances by overall contributing to the group effectiveness. Civic Virtue is defined as the voluntary subordinate participation in organizational politics by serving on committees and thereby supporting the administrative functions and further attending meetings.

While, courtesy involves certain problem solving behaviours which focus on the necessary steps in order to lessen the intensity and effects of a problem. In a research by Podsakoff et al., (2000), it was found that courtesy exhibiting employees significantly reduces the intergroup conflict and thus diminishing the time spent on conflict management strategies. Lastly, sportsmanship as defined by Organ (1988), avoids complaining by warmly tolerating the irritations within the organizational settings. It has also been revealed that good sportsmanship enhances the overall morale of the group which subsequently reduces helps to reduce the employee turnover (Podsakoff and MacKenzie, 1997).

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In today's world of increasing competitiveness where survival is one of the key issues, a committed workforce who is willing to go beyond the demands of the formal job descriptions is certainly an asset to the organization. It has also been associated with the organizational effectiveness, contributing to overall productivity. Thus, such employee behaviours play a crucial role in the workplace and because of this, the OCB remains to be one of the top priority among the organizational scholars and business literatures (Bateman and Organ, 1983; Organ, 1988).

Historically, it has been argued that several motivational mechanisms such as job attitudes, personality, and organizational variables drive citizenship behaviours (Borman & Penner, 2001; Schnake, 1991; Van Dyne, Cummings, & Parks, 1995). The underlying assumptions regarding OCB is that either it is dispositionally driven or is performed as a reaction to job or organization (Borman & Motowidlo, 1993; Organ, 1990).

Antecedents of OCB

Job Attitudes. Organ (1977) suggested that job satisfaction could result in positive feelings within the employees and OCB is performed as a result of the reciprocation of these positive feelings.

Employees who psychologically identify themselves with their organizations desire to maintain the organizational membership by putting extra efforts beyond their normal in-role requirements in order to strengthen their ties with organization. A meta-analysis by Organ and Ryan (1995) revealed the relationship between organizational commitment and OCB.

An alternative and more contemporary view holds that exhibiting citizenship behaviours derives from the commitment to self. In other words, when employees perceive that engaging in citizenship behaviours will facilitate them to achieve their personal goals which ultimately acts as a motivation to perform such voluntary acts (Hui et al., 2000; Hui, Law, & Chen, 1999).

Personality. Organ and Ryan (1995) performed a meta-analysis of the dispositional and attitudinal predictors of OCB. Their study showed that conscientiousness emerged as a reliable predictor of compliance and altruism dimensions. Penner and his colleagues (Penner & Finkelstein, 1998; Penner, Fritzsche, Craiger, & Freifeld, 1995) devised a scale to measure the pro social personality orientation of an individual. Validated on volunteers' sample, two factors of the measure, Other-Oriented Empathy and Helpfulness, have shown to predict OCB and other citizenship behaviours (Midili, 1996; Midili&Penner, 1995, Rioux & Penner, 2001; Tillman, 1998). Organ (1990) after reviewing the literature established that job attitudes acts as moderating link between personality and OCB.

Similar Constructs to OCB

Contextual performance is an extra-role work activities or behaviours contributing to psychological and social aspects of the organization which chiefly consists of four dimensions: assistance to others, openly defending the organizations objectives, persistence of enthusiasm,

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and rule and following of rules and prescribed procedures. (Borman & Motowidlo, 1993). Both contextual performance and OCB contribute to overall effectiveness of the organization.

Prosocial organizational behaviour (POB) has often been compared to OCB. Prosocial behaviour within an organization is aimed at helping other co-worker (Brief & Motowidlo, 1986). However, an important difference between these two lies in the fact that unlike OCB, prosocial behaviour can be unrelated to the organization.

The available literature seems to agree on the fact that OCB has an important role in employee performance and wellbeing. The performance ratings of the workers seem to get better by their managers who tend engage in OCB (Podsakoff et al., 2009). The possible explanation lies to the fact that employees who engage in OCB are perceived more favourably and are thus liked more by their managers. This effect is known as ‘halo effect’ (Organ et al., 2006). Moreover, the better performance rating is related to gaining rewards such as promotions, pay increments, and other work related benefits and has also been linked to employee turnover and absenteeism (Podsakoff et al., 2009).

PERSONALITY

Personality refers to the characteristic patterns of differences among individuals in terms of feeling, thinking, and behaving. The study of personality in particular focuses on two broad aspects: One is determining individual differences in terms of personality characteristics such as sociability. The other aspect is about understanding a person as a whole.

"Personality is the dynamic organization within the individual of those psychophysical systems that determine his characteristics behavior and thought" (Allport, 1961, p. 28).

History

Type A and type B personality theory describes one's chances of getting a coronary heart disease based on two contrasting personality types. This was first described by cardiologists Meyer Friedman and Ray Rosenman in 1950s. After a long eight-and-a-half-year study, Friedman and Rosenman concluded that participants with type A personality has twice the risk of developing coronary heart disease. The research later laid a significant impact on the development of health psychology domain within psychology, which looks at how individual's physical health is affected by his or her mental state.

According to this theory, the type A personality pattern is often described as impatient, ambitious, proactive, anxious, and overly concerned with time management. They are high achieving workaholics who are multi-taskers, and seems to push themselves with deadlines.

In the book, *Type A Behaviour: Its diagnosis and treatment* (1996), Friedman suggests three major symptoms which is expressed in type A behaviour: (1) irritation and exasperation

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triggered by impatience and time urgency; (2) free-floating hostility caused by even minor incidences and; (3) a competitive drive causing stress and achievement oriented mental framework. The described symptoms are overt as well as covert.

Friedman and Rosenman based their theory on the observation of heart patients in their waiting room. Unlike most of the patients, some patients (Type A personality) were unable to sit in their seats for long. Although, originally termed as 'type A personality', it has recently been conceptualised collectively as Type A Behaviour Pattern.

Type B

The theory further describes type B individuals who generally live at lower stress levels, work steadily, and enjoying achievement but not becoming stressed out when not achieving in contrast to type A personalities. Some of the major traits of type B personality pattern are: relaxed, flexible with situations, too casual and laid back attitude, and emotional and expressive.

Despite of negative aspects, type A individuals also have positive aspects in their personality patterns. Their competitiveness drives them to perform well in certain tasks (Boyd, 1984; Taylor et al., 1984). This superior performance of type A can be attributed to their devotion towards the work (Byrne and Rinehart 1989). Furthermore, it also appears that much of their health related problems arise due to free floating anger and not due to competitiveness and achievement orientation (Spence et al, 1987, 1989). Type A people as compared to other personality types show higher levels of aggression and hostility (Masters, Lacaille, & Shearer, 2003; Baron, Neuman, & Geddes, 1999; O'Connor, 2002). Thus, nurses within type A behaviour pattern can generally be considered as impulsive and hasty in terms of their interaction with patients.

A finding among Iranian nurses by Daraghi, Alirezaei, & Shaham, 2012, showed that existence of OCB is essential in developing patient oriented behaviour. Further, according to them, OCB also enhances job satisfaction among nursing professionals. In yet another finding (C. S. Chang & H. C. Chang, 2010) it was revealed that organizational justice and job satisfaction play a significant role in demonstration of citizenship behaviours among nurses.

OCB refers to anything that employees choose to do voluntarily by themselves without any pressure from the organization and lies out of specified contractual obligations. As evident from the available literature no research has been done on relationship between personality (type A and B) and Organizational Citizenship Behaviour among nursing professionals. Till date the only study that highlighted the importance of personality types (A and B) among nursing professionals in Iranian healthcare settings was done by Fallahnejad & Hassanzadeh (2015). So far, the previous studies have linked OCB to Big-5 personality factors and none of them has focused on establishing a relationship between OCB and Type A and B personality patterns. The

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present study highlights that an individual who exhibits OCB, possesses a certain type of personality pattern. Despite of current challenges in the present health care system, promoting OCB helps not only to wellbeing of employees but also in flourishing the organization as a whole. Individual differences predictors of OCB are still unsettled. Hence, the purpose of this study is to understand an individual difference which may cause OCB. So it is felt that there is a need to study in relation to personality types.

The purposes of the current research are to investigate:

1. Organizational citizenship behaviour levels among nurses.
2. The relationship between personality (type A and B) and OCB of the sample.
3. The relationship between OCB dimensions (Altruism, Conscientiousness, Sportsmanship, Courtesy, and Civic Virtue) and type A personality of the sample.
4. The relationship between OCB dimensions (Altruism, Conscientiousness, Sportsmanship, Courtesy, and Civic Virtue) and type B personality of the sample.

The following hypotheses were framed in conformity with the purpose of the present study:

1. H1: There is a significant relationship between OCB scores of type A and type B personality.
2. H2: OCB is negatively related to type A personality individuals.
3. H3: OCB is positively related to type B personality individuals.
4. H4: Type A is negatively related to OCB dimensions (Compliance, Engagement, Initiative, Branding and Loyalty, Helping Behaviour, and Sportsmanship).
5. H5: Type B is positively related to OCB dimensions (Compliance, Engagement, Initiative, Branding and Loyalty, Helping Behaviour, and Sportsmanship).

METHODS

Design:

The study employs a within-subjects design and correlational analysis to explore the relationship between OCB and personality (Type A and B). A correlational design investigates an existence of a relationship between two or more variables.

Participants And Procedure:

The sample of the present investigation was drawn adapting purposive sampling method. The sample consists of 50 female nursing professionals and was drawn from a private hospital in Jaipur city. Initially approximately 70 female nursing professionals constituted the sample. But, later only 50 professionals were selected for the final study. Rest of the subjects were dropped because of their incompetence to fulfil the criteria, incompleteness of responses and their reluctant behaviour. The private hospital which was covered during this investigation was Fortis Hospital. The professionals were in the age group of 20-30 years, along with a minimum of three

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years of working experience as revealed by the demographics of the sample. Before starting the entire research procedure, the participants were assured that all their data would be kept confidential. The selected professionals were asked to complete a questionnaire which took around 10-15 minutes to complete.

Instruments

1. Organizational Citizenship Behaviour

OCBs are employee behaviors that, although not critical to the task or job, serve to facilitate organizational functioning. The Organizational Citizenship Behaviour scale developed and processed by Dr. Tejinder Kaur, Ms. Deepti Sharma and Ms. Priya Sharma was used. OCB scale contains 49 statements categorized into seven dimensions i.e.; Compliance, Engagement, Initiative, Branding and Loyalty, Helping Behaviour, Relation with Supervisor, and Sportsmanship. Seven statements in each dimensions were included. Statements of the scale were arranged randomly Respondents were asked to rate their responses based on 5 point Likert scale. After reading each statements they were asked to indicate: 1 if Strongly Agree with the statement, 2 if Agree with the statement, 3 if Neither Agree nor Disagree with the statement, 4 if Disagree with the statement and 5 if Strongly disagree with the statement. The coefficient of reliability was determined by using test-retest ($r=.95$) and split half method ($r=.97$).

2. Personality:

For measuring personality, Type A/B behavioural pattern scale by UpinderDhar and Manisha Jain was used. The scale consists of 36 items and presented in the form of a 5-point scale. Further, the scale is divided into two forms: Form A and Form B. The form A consists of items related to type A personality pattern while, form B has questions relating to type B behaviour. The reliability coefficient of form A was found to be 0.54 and co-incidentally for form B also it was found to be 0.54.

RESULTS

The data were collected from a sample of 50 nursing professionals. The study aims to investigate the relationship among OCB, type A and type B personality. In order to test the formulated hypotheses, the correlation was computed on the SPSS software. On running the tests for normality, the data was found to be normally distributed. As per the descriptive analysis of the data, the mean score and SD on the OCB scale were 108.64 and 35.76 respectively. Likewise, for type (M=50.94, SD=15.06), and type B (M=51.26, SD=13.92).

Table 1. The table shows t test comparing the significant difference between type A and type B personality nursing professionals in terms of exhibiting OCB.

	N	M	SD	SED	df	p value	t value
TYPE A	21	135.57	41.72	29.18	48	1.96	5.55
TYPE B	29	89.13	14.77				

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A dependent t test was conducted to compare type A and type B personality nursing professionals in terms of demonstrating Organizational Citizenship Behaviour. There was a significant difference in the scores of type A ($M=135.57$, $SD=41.72$) and type B ($M=89.13$, $SD=14.77$) personalities OCB score; $t(48)=5.55$, $p > 0.05$. these results suggest that both type A and type B personality nurses differ from significantly from each other in terms of committing to extra-role behaviours (OCB).

Table 2. The table below provides a detailed description of the Descriptive Statistics (mean and SD). ($N=50$).

Factors	Mean	SD
Organizational citizenship behaviour	108.64	35.76
Type A	50.94	15.06
Type B	51.26	13.92

Table 3. showing personality correlates of OCB.

PERSONALITY	OCB
TYPE A	-.70**
TYPE B	.65**

**. Correlation is significant at the 0.01 level (2-tailed).

The table shows coefficient of correlation (Product Moment, r) between Type A personality and OCB and Type B personality and OCB among nursing professionals. The coefficient reveals that there is a negative relationship between OCB and Type A personality individuals ($r=-.70$, $p < .01$). Whereas, a positive relationship ($r=.65$, $p < .01$) exists between OCB and Type B personality individuals.

Table 4. The table shows coefficient of correlation between type A and type B along with OCB dimensions (Compliance, Engagement, Initiative, Branding and Loyalty, Helping Behaviour, and Sportsmanship).

PERSONALITY	COEFFICIENT OF CORRELATION (r) FOR OCB DIMENSIONS						
	C	E	I	BL	HB	RWS	S
TYPE A	-.75**	-.73**	-.68**	-.63**	-.63**	-.70**	-.71**
TYPE B	.68**	.66**	.62**	.64**	.62**	.69**	.67**

**. Correlation is significant at the 0.01 level (2-tailed).

The table shows the coefficient of correlation between OCB dimensions and Type A and Type B personality individuals. Results shows that there are significant correlations between individual

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OCB dimensions and personality types. As evident from the above correlation coefficients, there exists a positive correlation for Type B individuals with all the seven OCB dimensions (Compliance, Engagement, Initiative, Branding and Loyalty, Helping Behaviour, and Sportsmanship). While, a negative correlation is reported between type B personality and OCB dimensions.

GRAPHS:

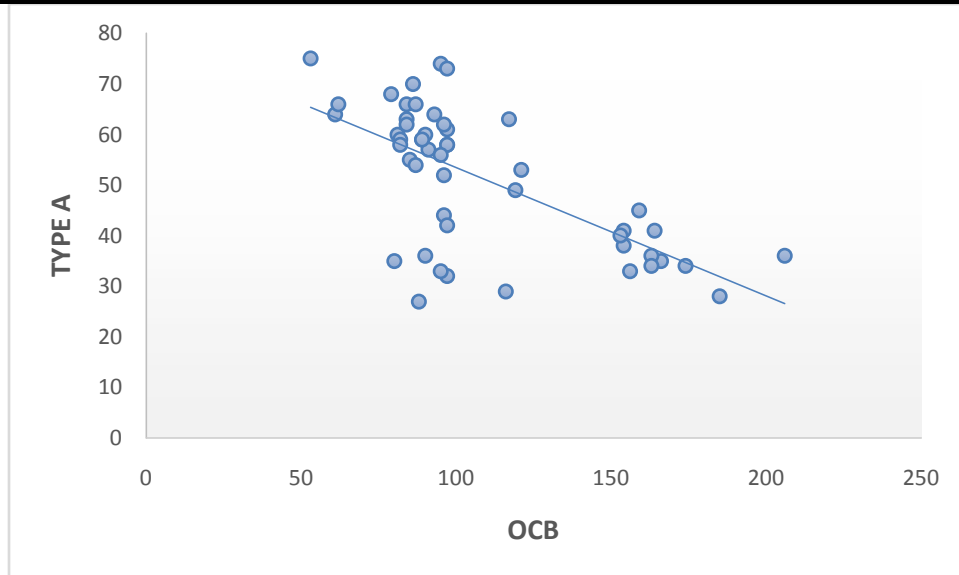


Figure 1: The above figure depicts a negative correlation between OCB and Type A personality ($r = -.70$).

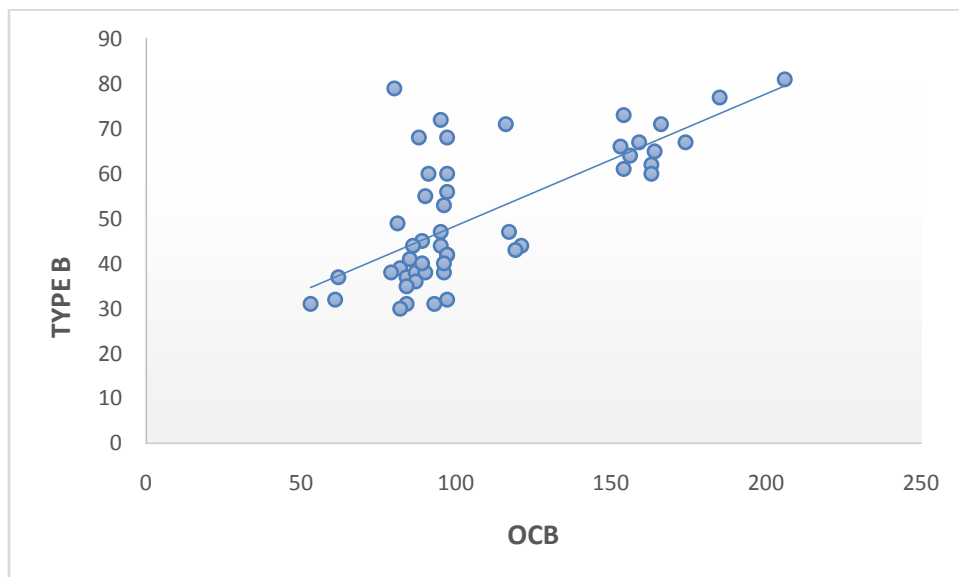


Figure 2: The above figure depicts a positive correlation between OCB and Type B personality ($r=.65$).

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Therefore, as evident from the above result analysis, there exists a positive relationship between OCB and type B personality. While, a negative interaction is reported between type A personality pattern and OCB. While a significant difference was found between OCB scores of type A and type B female nursing professionals.

DISCUSSION

The present study was undertaken to examine the relationship between Organizational Citizenship Behaviour (OCB) and type A and type personality patterns among female nursing professionals. Based on the objectives of the study it was hypothesized that that there exists a significant relationship between OCB patterns of type A and type B personality individuals. To accomplish this, a correlational analysis was carried out. The hypotheses were tested in a sample of 50 female nursing professionals from a private sector hospital. The obtained results indicated a significance association between OCB, type A and B personalities. The subsequent paragraphs will throw a light on linkage between ‘good behaviour’ (OCB) and personality traits of type A and type B behaviour pattern which varies from person to person.

To begin with, nowadays health sector is increasingly facing challenges and demands with the rapidly changing times and invention of new technology. Stress experienced by health care professionals is one of the most pressing issues in the recent years. Therefore, the health care sector needs to be dependent on professionals who are willing to invest extra efforts beyond formal tasks. With these increasing demands such as, severe competitions, unrealistic expectations from superiors, the employees are now assumed to be like machines or computers and have subsequently led to the host of psychological problems among the workplace professionals. Therefore, organizations need to find ways to enable their employees perform at their best.

The extent to which an employee performs citizenship behaviours, is a direct function of his or her motivation, opportunity, and ability. Motivation determines how hard an employee will try to engage in citizenship behaviours, whereas, the combination of both opportunity and ability determines how successfully such behaviours are exhibited by an employee (Organ, Podsakoff and MacKenzie 2006, p. 93). OCB as per its definition is considered as discretionary and thus engagement in such behaviours is voluntary and one cannot be punished for not engaging in OCB. In this respect, nursing professionals have to exhibit informing and helping behaviours more frequently than other members of the health care sector (Altuntas 2008; Boerner et al., 2005). Likewise, in a study by Geçer (2008), it was reported that nurses more often display courtesy and self-sacrificing behaviours.

Personality refers to enduring patterns of differences in thinking, behaving, and emotional expressions that are likely to be stable over time and thus explain people’s characteristic ways of

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behaviour across different domains (Costa & McCrae, 1989; Funder, 2001). In the past decades, there has been a significant amount of researches by psychologists, psychiatrists, and management researches in order to understand the dynamics of coronary prone type A pattern along with type B behaviour pattern. This emphasis is significantly attributed to the researches performed by Friedman & Rosenman (1974).

It was hypothesized that there will be a significant difference among type A and Type B nursing professionals in relation to exhibiting Organizational Citizenship Behaviour. The results of the study support the above hypothesis as there was a significant difference among Type A and Type B nursing professionals in relation to exhibiting Organizational Citizenship Behaviour. This indicates that Type B professionals show non-discretionary behaviours in the organization for example, helping the fellow co-worker regarding the performing of duties and to help him adapt to the working environment, working extra time in the office when it is not mandatory from the senior manager or nurses getting involved in a friendly manner with their patients. Type B personality is quite flexible in terms of their time so they don't mind if they spent extra hours in their workplaces as they are not restricted to themselves and tend to enjoy the company of their fellow workers or colleagues. They also prefer to attend or take part in activities and programs which are not compulsory but are important. Type B personality individuals tend to enjoy everything that comes on their way. On the other hand, the Type A personality individuals are strictly time bound and are highly obsessed with time urgency. They are highly rigid in terms of their behaviour and thus are restricted to themselves only. Therefore, they do not tend to exhibit pro social behaviour in their workplaces. This fact can further be attributed to the fact that individuals with type B personality work at a steady rate, do not easily get annoyed and patiently manage the details of their work. Such individuals tend to adapt with different conditions of their work environment as they accept the situations in a more realistic manner as they become angry (Ganji, 2001).

The second hypothesis stated that the Organizational Citizenship Behaviour (OCB) is negatively related to Type A personality professionals. As can be seen from the table 2, that the correlation coefficient between Type A and OCB came out to be negative. This suggests that Type A individuals do not exhibit OCB. Instead, they show the reverse trend by thinking just about their own motives only without concerning the welfare and well-being of others for example, fellow workers or patients in case of nursing professionals. These people tend to complain and easily get irritated over trivial matters. Further, they are so rigid that they hardly or never went beyond their formal job descriptions for their managers. In addition, they are also not concerned about the instructions or directives given to them by their supervisor doctors because of their dominance and aggressive behaviour. They are highly achievement oriented. That is, for them success matters the most. Unlike, Type B individuals these people do not prefer or want a healthy interaction with their colleagues or their immediate supervisors and as a result, they are

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exhausted and are stressed out at the end of the day and this is probably the reason as to why they suffer more health related problems such as coronary heart disease, high blood pressure, etc.; which is a fact proven by many existing researches.

Moreover, the obtained results also confirmed the third hypothesis which stated that there will be a positive correlation among the Type B individuals and OCB. This shows that there is a positive relationship between these two variables. It means that as a person gets more towards Type B personality, more are the chances for him to exhibit organizational citizenship behaviours. Such individuals are more concerned about others by showing selfless attitude and tend to consider the impact of their own actions on their fellow workers. They share a cordial relationship with their supervisor and prefers to perform all the tasks and duties religiously and further they work overtime. They do not make big issues out of small matters. In this manner it is quite clear that Type B individuals prefer to be happy. As a result, they are less prone to health related risks. In other words, this also suggests that type B personality nurses are more satisfied with their job as compared to type A professionals and finding is in line with the results obtained by Fallahnejad & Hassanzadeh (2015). When a job matches with one's personality, the more he or she is satisfied with the job. On the contrary, lower job satisfaction arises with lower rates of adjustment. For this reason, type B personality nursing professionals have a more positive attitude towards their job as compared to type B nurses.

Further, in yet another study it was confirmed that type A nursing professionals experience more burnout levels as compared to their counterparts type B personality professionals (Brennan, 1989). According to Kirkcaldy & Martin (2000), type A personality factor emerged as a significant determinant of occupational stress. Likewise, as per a study conducted by Jamal & Baba (1991), it was observed that type A nurses significantly experienced work overload, job stress, turnover cognition, and role ambiguity.

Moreover, as evident from above the above correlation coefficients that a negative relationship exists between type A personality and the OCB dimensions (initiative, branding and loyalty, helping behaviour, relationship with supervisor, and sportsmanship). This suggests that type A personality nursing professionals are not proactive and thus prefer to be the part of the situation rather than controlling them. It also seems that such individuals are so preoccupied with themselves and their in-role assigned duties that they generally fail to participate in other activities voluntarily and are highly concerned toward the trivial matters about their job. In addition, such individuals do not seem to have cordial relations with their supervisors as they are least concerned with the directives and supervision given to them. However, on the other hand, compliance and engagement are positively correlated with type A personality nurses, suggesting that they are workaholics and keep themselves updated about the recent trends in their jobs and thus are task-oriented.

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The relationship between OCB dimensions (compliance, engagement, initiative, branding and loyalty, helping behaviour, relationship with supervisor, and sportsmanship) and type B personality of the sample was found to be positive, indicating that such professionals usually perceive non-rewarded extra-role behaviours for gaining job satisfaction and self-fulfilment. They responsibly participate in the life of their organization i.e.; the nurses with type B personality maintains their highest ethical standards. As opposed to type A's, they seem to be extra concerned about their patient's health and well-being. Additionally, type B personality nursing professionals are proactive i.e.; creating or controlling a situation rather than just being a part of them and thus are actively involved in their tasks by crossing the boundaries of their formal job description. In other words, it can be said that such nurses seem to be nurture-oriented and are more focused on the interpersonal aspect of their profession in that they will be eager to know the entire life story of their patients. Thus, they seem to be satisfied with the overall functioning of their organization and feel confident and happy about their work.

From the findings, it can be concluded that Type A and Type B differed significantly in terms of exhibiting OCB. A positive correlation was found between Type B and OCB and a negative relation between Type A and OCB. Results of the study confirm the hypotheses. Thus, the significant differences among type A and Type B nursing professionals in relation to their OCB was pertaining to the contrasting characteristics for example, their stress levels, happiness levels, optimism levels, achievement orientation, way of perceiving the situations around them, etc. of their personality types which can be placed on the two opposite dimensions.

The study had both strengths and weaknesses. As the present study is a time bound project, it had some limitations of its own. The focus of the present study was only based on two personality patterns or types (A and B). However, the researches also identified further two personality types viz; Type C and Type D. The locale of the present investigation was confined to private sector hospital; and subsequently the investigations may be extended to public sector to obtain comparative study. Various other variables such as, resilience, job satisfaction, burnout levels could also be taken into account for further study. Nevertheless, the findings derived from the present investigation provide a promising foundation for further researches in psychology, especially in industrial/organizational and health sphere. It would also help in determining the dominant personality traits in an individual so that appropriate interventions can be given during adverse situations. Lastly, it may provide valuable hints for the recruitment and selection of the appropriate staff for respective positions.

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Conflict of Interests

The author declared no conflict of interests.

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A Comparison of Montessori and Traditional School Children on Cognitive Development

Kavitha Sebastian^{1*}, Dr Waheeda Matheen²

ABSTRACT

The present investigation was carried out to compare 4-6 year old Montessori and traditional school children on Cognitive Development with respect to logically related objects. The sample consisted of 4-6 year old boys and girls (sample size-72) drawn from four different schools. The tests were administered on a one-to-one basis. The task the children performed involved the recognition and recall of logically related objects i.e a seriation task. The test materials were drawn from the original work of Piaget with subsequent contribution from Yussen, Mathews and White (1980) who used these materials to determine the child's intellectual development in the acquisition of concrete operational thought. It was an ex post facto study. The statistics employed was the 't' test. The results showed no significant differences between Montessori and traditional school children on Cognitive Development.

Keywords: *Montessori, Traditional School, Children, Cognitive Development*

We labour under a sort of superstition that the child has nothing to learn during the first five years of its life. On the contrary, the fact is that the child never learns in its after life what it does in its first five years (Gandhi, 1927).

Longitudinal research by Bloom (1964) has shown conclusively that half of all growth and intelligence present at 17 years takes place before the age of five, and the next 30 per cent is achieved between five and eight.

Certainly then, what happens to the young child is of critical importance in affecting his ability and motivation to learn. However, a child's capabilities vary tremendously from infancy to eight years of age with each stage having implications for the development of cognitive processes and educational programs (Valett, 1967).

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What should preschool and pre-primary children be taught? What are they capable of learning? These are two basic questions of age-old concern to educators which have again come under consideration due to recent research findings in developmental psychology (Valett, 1967).

Pedagogical practices evolve continually in order to take into account societal needs. During the 20th century, some educators and psychologists developed alternatives to the traditional approach (Besancon and Lubart, 2008).

Montessori (1958/2004) considered that imaginative thought must be based on contact with reality and sensory impressions. Based on these principles, she proposed targeted activities (such as learning how to see, feel, hear, and graduate colors or thermal stimuli...), beginning in preschool. The Montessori method, in existence for more than a century, is yet to enter mainstream pedagogy.

However, Montessori principles seem to be in accordance with what developmental psychologists have uncovered about how young children learn. Given the current educational climate, where enormous pressures are placed on educators to reverse achievement gaps in students by introducing more direct instruction and narrow training in academic skills in the early years. In many cases, changes in teaching strategies (such as removing time for purposeful play and exploration) are made even though they are not developmentally appropriate and not likely to produce lasting gains in literacy, math, and science (e.g., Neuman & Roskos, 2005). It has been established that several factors other than academic performance play a vital role in future success. Therefore, a fresh look at teaching strategies and their effectiveness in imparting life skills is pertinent.

Moreover, young children today are under increasing pressure to perform academically resulting in stress for both the parent and child, when the child is unable to cope up. The Montessori method cleverly sidesteps the issue by adapting a curriculum that is dictated by the developmental level of the child. In this day and age of information explosion and media overexposure, the quiet confidence and patient reflection instilled by Montessori education is a welcome change that is beginning to be accepted by many. Because Montessori's contributions are often underappreciated by educators and psychologists, a fresh and close examination of them is certainly called for. A number of educational experts and researchers have noted that there is a paucity of research on Montessori education (Lillard, 2005). Therefore the implications of the Montessori method of education in relation to traditional schooling, on various aspects of child development including cognitive development is necessary to promote a better understanding of early childhood education.

A Comparison of Montessori and Traditional School Children on Cognitive Development

Research Problem

Does the Montessori method of education by virtue of its emphasis on practical training and use of didactic materials enable a better conceptual understanding of underlying principles of subject material in young children?

Operational Definition Of Variables

Montessori Method	:	The method of education originated by Dr. Maria Montessori characterized by child-centered education, multi – age classrooms, use of didactic materials and self-directed learning on the part of the student.
Memory Task (Recognition of logically related objects)	:	Memory Task, in context of this study refers to the ability of the child to recognize logically related objects (pictures containing objects arranged in a series-ascending or descending) rather than the capacity for memory. This variable measures the child's ability to recognize a previously presented seriated array when later presented with a choice of the seriated array along with jumbled arrays.
Traditional School	:	Traditional schools are characterized by (1) central role assigned to the teacher: teacher is in front of the class; (2) an impersonal relation with pupils because there are many pupils in the class; and (3) the importance of abstract knowledge which is not always linked with everyday life (Danvers, 2003).

Hypothesis

1. There will be a significant difference between the performance of 4 – 6 year old Montessori and traditional school children on Memory Task (Recognition of logically related objects).
2. There will be no significant difference between the performance of 4 – 6 year old boys and girls in Montessori and traditional schools on Memory Task (Recognition of logically related objects).
3. There will be no significant difference between the performance of 4 – 6 year old first-born and later-born children in Montessori and traditional schools on Memory Task (Recognition of logically related objects).

Research Design

The present study was an ex post facto research conducted to compare students from Montessori and traditional schools on their performance in Memory Task (Recognition of logically related objects) targeting the acquisition of the piagetian concept of seriation.

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Variables of the Study

The variables of the study are Method of schooling, gender, birth-order and Memory Task (Recognition of logically related objects).

Nature of the Sample

The sample consisted of 72 children in the age group of 4-6 years in Montessori and traditional schools in Chennai. 35 children were from Montessori schools with 20 males and 15 females in the age group of 4-6 years. 37 children were from traditional schools, 20 of whom are females and 17 males in the age group of 4-6 years. The children were randomly selected from two Montessori schools and two traditional schools.

Table 1: Sample Composition

Total Sample : 72			
Montessori school children		Traditional school children	
35		37	
Boys	Girls	Boys	Girls
20	15	17	20

Administration

After obtaining school and parental consent; student profile sheet prepared by the researcher was sent to the parents who filled in the required information including date of birth, sex etc., of the child. The filled-in student profile sheets were collected and 20 children were randomly selected from each school trying to keep the number of boys and girls and 4-5 year olds and 5-6 year olds approximately equal.

The tests were administered individually on a one-to-one basis with a few minutes spent with each child to put the child at ease before the exercise was started.

Tools for the Study

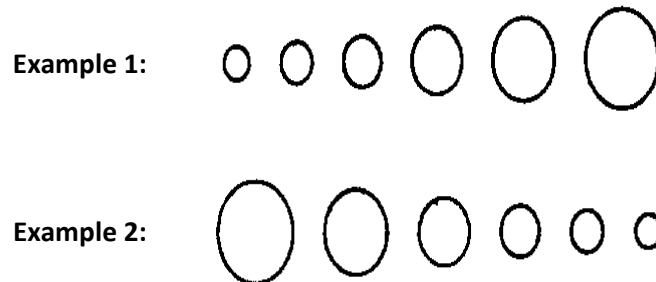
1. A student profile sheet was used to collect personal information about the students. The researcher prepared this student profile sheet after reviewing numerous case study profile sheets used for research purposes.
2. Memory Task (Recognition of logically related objects) was drawn from the work of Yussen, Mathews and Knight (1980).

Description Of The Tools

1. The student profile sheet was designed by the researcher for collecting information about the subjects like date of birth, sex, birth-order etc.,
2. Memory Task (Recognition of logically related objects) draws upon the work of Yussen, Mathews and White (1980) who in their study on Montessori and traditional school children's

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performance in social cognition and memory problems used the following task to determine the child's intellectual development in the acquisition of concrete operational thought. The child was given 10 study-test trials in which a single drawing was shown for 2-3 seconds, hidden, and a test array presented for recognition. In each test array, three of the drawings were highly similar to the original item, while one was identical to it. The child's task was to point to the picture that was "exactly the same" as the one just seen a moment ago. Each of the study-test trials consisted of different items. Eight of the study drawings depicted a series of six objects of different sizes (see Fig.1). Four were seriated in order as in the Fig.1, Example 1, while four appeared in reversed seriated order (see Fig.1, Example 2). The remaining two drawings depicted an object with a vertical orientation. There was a ball suspended vertically from the boom of a crane and a flag situated vertically on a hill. For the eight seriation trials, the three distracter items on each test card consisted of two non-seriated arrays and a seriated array the reverse of the correct (target) one. For the two verticality items, the three distracter items all consisted of non-vertical arrangements of the key objects.



Scoring

A score of one was given for each correct response. The subject was given a score of one if he/she has correctly recognized that the drawings were presented in a series, even if the order (ascending or descending) was not correctly identified. For e.g. for the first item, both choices 'c' and 'd' are given a score of one, even though only 'c' is exactly the same as the test array

Interpretation

Higher the score, the higher was the subject's understanding of the relationship between the objects presented in the array. Subjects who obtain a perfect score of 10 have no difficulty in recognizing at a glance the logical relation between the objects presented in the array. They were therefore, able to engage in concrete operational thought.

Statistics

1. The 't'-test was used to compare difference in scores between Montessori and traditional school students, between the two sexes and between first-born and later-born children.
2. Chi square test

RESULTS AND DISCUSSION

Table 2a shows Mean, SD, and 't'-value for Memory Task (Recognition of logically related objects) between 4 - 6 year old Montessori and traditional school students

Test	School	N	Mean	SD	t	Significance
Memory Task	Montessori	35	7.3	3.09	.86	NS
	Traditional	37	6.73	2.66		

NS - Not significant

Table 2a shows the Mean, S.D, and 't'-value for 4 – 6 year old Montessori and traditional school children on performance in Memory Task (Recognition of logically related objects).

As seen from table 2a, there was no significant difference in the performance of 4 – 6 year old Montessori and traditional school children in Memory Task (Recognition of logically related objects). Therefore, Hypothesis 1 which states that that there will be no significant difference in the performance of 4 – 6 year old Montessori and traditional school children in Memory Task (Recognition of logically related objects) has been accepted.

The results of this study do not support the findings of Yussen, Mathews and Knight (1980), who in their study compared the performance of 4-year old children drawn from Montessori classroom with that of children attending traditional pre-schools. Among other findings, they reported that Montessori children excelled in Memory Tasks (Recognition of logically related objects).

Another study conducted on similar lines on the performance of Montessori and traditionally schooled nursery children on tasks of seriation, classification and conservation by White, Yussen and Docherty (1976) reported that significantly more Montessori than traditional children seriated and classified objects like concrete thinkers, but that there were no differences on the conservation problem.

From the results of the present study, it appears that Montessori children do not perform better than traditional school children in the Memory Task (Recognition of logically related objects) - a Piagetian task that targets the acquisition of the concept of seriation.

Though there is difference in performance between Montessori and traditional school children in the present study no statistically significant differences emerged on the 't'- test. One possible explanation could be the small size of the sample drawn from two Montessori and two traditional schools. The observed differences might have had a bigger effect in a larger sample.

A distinction was made between the number of children obtaining a perfect score (remembering and identifying all 10 test questions (pictures) correctly) and those obtaining imperfect scores. It

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was speculated that children who obtained perfect scores of 10/10 had no difficulty in understanding the concept of seriation. The test is constructed in such a way that the children who could understand the concept of seriation will find it easy to answer all ten questions correctly (Refer appendix C).

A 2X 2 Chi-square test was done to find out if significantly more number of Montessori children are perfect scorers in Memory Task (Recognition of logically related objects) than traditional school children.

Table 2b shows the number of perfect and imperfect scorers for the Memory Task (Recognition of logically related objects) between 4 - 6 year old Montessori and traditional school children.

School Type	Perfect Scorers	Imperfect Scorers
Montessori children	16	19
Traditional children	7	30

X^2 value = 4.77 (With Yates' correction for continuity)

For a 2X2 Chi-square table with one degree of freedom, the critical Chi-square value is 3.84, necessary to reject the null hypothesis at the 0.05 level of significance. As seen in table 4.6b, the Chi-square value 4.77 (with Yates's correction for continuity) exceeds the critical Chi-square value and therefore we can conclude that there is a significant relationship between the number of perfect scorers and the type of school. It was therefore proved that significantly more number of Montessori students are perfect scorers in Memory Task (Recognition of logically related objects).

The association between perfect scoring and the type of school (Montessori) that has emerged from the Chi-square test was an indication that the results of the present study need to be taken with caution. It is possible that the methodological flaw of a small sample could have affected the result of this study.

Table 3 shows Mean, SD, and 't'-value for Memory Task(Recognition of logically related objects) between 4 - 6 year old girls and boys from Montessori and traditional schools.

Test	Gender	N	Mean	SD	t	Significance
Memory Task	Boys	38	6.84	2.96	.53	NS
	Girls	34	7.20	2.80		

NS - Not significant

Table 3 shows Mean, SD, and 't'-value for Memory Task(Recognition of logically related objects) between girls and boys from Montessori and traditional schools.

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As seen in the table above, there was no significant difference between 4 – 6 year old boys and girls in performance in Memory Task (Recognition of logically related objects). Therefore Hypothesis 2 which states that there will be no significant difference between 4 – 6 year old boys and girls in performance in Memory Task (Recognition of logically related objects) has been accepted.

The present study was not in agreement with the findings of Meehan and Willis (1986), who in their study found males perform better than females in Piagetian Spatial Tasks (horizontality and verticality tasks).

From the findings of the present study it appears that the gender of the child does not influence performance in Memory Task (Recognition of logically related objects), a task which targets the acquisition of the Piagetian concept of seriation.

Table 4 shows Mean, SD and 't'-value for Memory Task (Recognition of logically related objects) between 4 - 6 year old first born and later born children.

Test	Birth-order	N	Mean	SD	t	Significance
Memory Task	First born	43	7.02	2.65	.03	NS
	Later born	29	7.00	3.22		

Table 4 shows the Mean, SD, and 't'-value between 4 – 6 year old first born & later born children in performance in Memory Task (Recognition of logically related objects).

As seen in the table above, there was no significant difference between 4 – 6 year old first born & later born children in performance in Memory Task (Recognition of logically related objects).

Therefore Hypothesis 3 which states that there will be no significant difference between 4 – 6 year old first born & later born children in performance in Memory Task (Recognition of logically related objects) has been accepted. It may be interpreted that the birth order of the child does not influence performance in Memory Task (Recognition of logically related objects), a task which targets the acquisition of the Piagetian concept of seriation.

CONCLUSIONS

The following conclusions were drawn from the results of the study:

1. There was no significant difference between the performance of 4 – 6 year old Montessori and traditional school children on Memory Task (Recognition of logically related objects).
2. There was no significant difference between the performance of 4 – 6 year old boys and girls in Montessori and traditional schools on Memory Task (Recognition of logically related objects).

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3. There was no significant difference between the performance of 4 – 6 year old first-born and later-born children in Montessori and traditional schools on Memory Task (Recognition of logically related objects).

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Conflict of Interests

The author declared no conflict of interests.

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Impact of Social Role (Actor-Observer) On Attribution

Gupta, C.^{1*}

ABSTRACT

In this study social role means that what are we play role as an actor or as an observer. When a person play an actor roles then attributing their acts to situational factors (external) whereas play an observer role then attributing others' the same acts to personal factors (internal). Therefore, in this studied the impact of social role (actor-observer) on attribution (internal-external). It is studied in Indian culture. In this study select actor or observer as parent-child. The sample is 130 individuals (65 parents and 65 children) selected through purposive sampling method. The research measure was a type of self-made scenario questionnaire.

Findings: Social role, as an actor, used situational attributions, but as an observer, they used personal attributions ($P < 0.05$). Based on this findings, social role play an important role in attribution.

Keywords: Attribution, Internal attribution, External attribution, Actor-observer bias, Social role.

Attribution is the process through which understanding the causes of others' behavior. We are attributing two types either internal or external. **Internal attribution** is the process of assigning the cause of behavior to some internal characteristics such as character, personality, motives, belief and so on. **External attribution** is the process of assigning the cause of behavior some external events or situation such as other people, various environmental stimuli, social pressure, and so on. Individuals' attribution about their behaviors and others' has been affected by motivational and irrational bias. These bias influences on their judgment. **Actor-observer bias** or factor-inspector effect is one of the attributed errors in which actors attribute their behaviors to situational factors but observers to permanent personal characteristics in actors. In other words, an attribution bias showing that we prefer external attributions for our own behavior, especially if outcomes are negative, whereas observers tend to make internal attributions for the same behavior performed by others. **Social role** means that what a person play role in society as an

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actor or as an observer. If a person done a work then known as actor and if observing a work then known as observer.

In a research by Herzog (1994), the participants are wanted to watch a video film of a driving situation and when watching, see themselves in the driver's role (actor) or a passenger's (observer). The results showed in more accidents, those in driver's role (actor) attribute their behaviors to situational factors.

In contrast, observers attribute their behaviors to internal factors. Malle (2006) , in a meta analysis on 173 individuals, revealed that the asymmetry of actor-observer is exclusively seen when the actor is perceived as a person with noteworthy characteristics, when the supposed events has been clarified, when the actor- observer are intimate with each other, or when related clarification is coding with open responses. More ever, this asymmetry is about negative events. But reverse asymmetry is about positive events. Malle et al (2007) specified that the folk conceptual theory can explain behaviors better than attributive traditional theories.

Park and Cho (2006), in their first research, showed clearly the generalization of actor- observer bias in Korean people and in the second research, they explained differences in different situational perceptions for probable mechanism. Gioia and Sims (2006) studied 24 bosses and their employers in the similar situations and showed headmasters use personal attribution for their employers and employers use situational attributions. Hennessy and Jakubowski (2007) in a complicated study of actor- observer bias and anger on drivers in a similar driving accidents revealed that this bias is observed when the anger was high.

The crucial role of perspective in social perception situations can be seen in a creative experiment in which the perspectives of both observer and actor were altered (Storms, 1973). Using videotape equipment, the researcher had the actor view his own behavior from the perspective of an observer. That is, he showed the actor a videotape of himself as seen by somebody else. He also had the observer take the actor's perspective by showing the observer a videotape of how the world looked from the point of view of the actor. That is, the observer saw a videotape of herself as seen by the actor, the person she was watching. When both observers and actors put these new perspectives, their attributional analyses changed.

Causes of actor-observer bias

- We are quite aware of the many external factors affecting our own actions but are less aware of such factors when we turn our attention to the actions of other people. Thus, we tend to perceive our own behavior (as an actor) as arising largely from situational causes, but that of others (as an observer) as deriving mainly from their traits or dispositions.
- People motivate for enhance and maintain one's self-esteem.

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- Attentional differences leads to differences in causal perception. The actor perceives his behavior to be a response to environmental cues that trigger, guide and terminate it. But for the observer the focal, commanding stimulus is the actor's behavior, and situational cues are to a degree to ignore.
- Individual's view of his own personality differs from his view of the personalities of others.

METHOD

The population was the parents and children in Sagar city (M.P.). The sample was 130 people consist of 65 parents (mother and father, 30-40 years old) and 65 adolescents (16-23 years old). They are medium socio-economic status. In this study used purposive sampling method.

Measurement Tool

In this study using self made questionnaire with scenario. In which supposed situation is described and the participants are judge about the situation. The scenario based on parent-child relationship. After scenario gives 10 questions in which 5 questions are related from actor and 5 questions are related from observer. To study the face validity and this scenario was given to 5 experts.

Procedure

All the subjects were selected through actor and observer criteria made for each group separately. Reliable information was taken through the administration of self made questionnaire.

Statistical analysis

Obtained raw data was analyzed with the help of F-ratio.

RESULTS

In order to examine whether the mean difference of the two actor group and two observers group of the subjects are significant or not, the one way ANOVA technique for was used.

The details of ANOVA have been given in Table-1 below-

Table-1, ANOVA Table

Sources of Variance	Sum of squares	D.F.	F-ratio	Results
Between Group	727	3	3.97	Value>0.05
Within Group	32.31	256		
Total	649.69	259		

It is evident from the above table that social role effected the attribution and their F-ratio is 3.97. Obtain F-ratio is significant. This means that an actor does situational attribute and an observer dose personal attribute.

DISCUSSION

This study concern about the actor-observer biases. Based on the result, parents and children in the observer role use more personal attributions and situational attributions in actor role. These are consistent with Jones and Nisbett (1971), Herzog(1994), Park et al (2006), Gioia et al (2006), Hennessy et al (2007) but it is somehow congruent with Malle (2006) and Malle et al (2007) . Jones and Nisbett have presented two clarifications. First, information difference leads to attribution difference. Individuals in the actor role have considerable information about their actions in different situations and know that how their behaviors differ in these situations. Therefore, they attribute their actions to situational characteristics whereas they are not aware of behavioral history of the actor in observer role and attribute others' action to internal factors based on the attribution basic errors pattern. Second, the difference in the viewpoint leads to attribution differences. The observer naturally concentrates on the actor's action and it resulted in this point that observer attributes actor's behavior to his/her tendencies. The actor does not concentrate on his/her action but out of himself/herself and follows situational causes, it means, to observers view situation is important (Azarbajani et al .2008). In this research, actor-observer bias in parents-child is confirmed.

CONCLUSION

Finding of this study indicating that actor tend to attribute the causes of their behavior to stimuli inherent to the situation, while observers tend to attribute behavior to stable personality trait of the actor. The actor-observer hypothesis was originally meant as an "actuarial proposition" (Harvey & Weary, 1984, p. 431)—a generalization about how actors and observers explain behavior. Actors and observers sometimes reach different conclusions about the causes of behavior because they often have different information available, different situations for construing behavior, different histories in the situation, different goals, different perceptual orientations, and so on. What a person assume one's role as an actor or observer for attribution analysis that affects attribution. In short, concluded that the social role do affect the attribution.

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The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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Effect of Spousal Appraisal of Identity Consistency on Well-being of Married Females

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ABSTRACT

Our research frame work concerned on delineating the relationship between the perceived spousal appraisal of female's Identity Consistency(IC) and its impact on their sense of wellbeing. Identity refers to a person's sense of self as unique being developed out of the various intimate figures and associations of adolescence (Erikson, 1959).

Previous research suggests that consistent self-image across intimate relationships is more valued in western society than eastern society (Heine, 2001; Heine & Lehman, 1997, 1999; Markus & Kitayama, 1994; Suh, 2002, English and Chen, 2011). Moreover, contradictory findings have been observed in eastern culture where Shuh (2002) in her study found consistency of Identity is less valued in eastern culture where as Dhar (2010) in her study concluded with reversed findings that Consistency is valued in eastern culture. Shuh (2002) used 20 maximum variability traits to measure one's Identity Consistency (IC) whereas Dhar (2010) used 80 moderate variability traits to measure one's Identity consistency. Hence, It was needed to investigate further this contradictory findings in eastern culture.

The sample comprised of 130 love married couples (non working female partner).They were administered Identity Consistency scale (Prepared by Dhar,2010) and Subjective wellbeing Scale (Sell and Nagpal, 1992).

Trait Selection for Identity Consistency Scale: For the present study, initially 52 maximum variability traits (like sensitive, talkative etc) along with 80 moderate variability traits from Dhar's study (like anxious, submissive etc) were considered and finally 50 traits were selected with mixed of maximum variability and moderate variability traits to assess Identity Consistency of females for the present study.

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Internal consistency of each female has been obtained in terms of percentage of variance by using factor analysis by principal component method. Mean, standard deviations, 't' test, Product moment coefficient of correlation and Stepwise Multiple Regression Analysis have been carried out for further analysis with the considered variables in the present study.

Results showed that appraised spousal overestimation of females' IC by females are leading to a satisfactory sense of wellbeing of them may be indicative of the fact that they find the meaningfulness while appraised positively about their inner integrity by 'the person with whom they share the most intimate relation'. However, females' self appraisal of IC is independent on their sense of wellbeing leading to the fact that they are less disturbed by this incongruity.

Keywords: *Appraisals of Females' Identity Consistency, Sense Of Subjective Wellbeing*

Humans have to play several roles in their lifetimes but they internalize those which help to form their self-concept (Burke and Tally, 1977). Specially, in eastern collectivist society, 'self' is mainly apprehended to be formed after societal interaction and connectedness with important social intimate relations (Ho, 1993). Erikson described Identity as "a subjective sense as well as an observable quality of personal sameness and continuity, paired with some belief in the sameness and continuity of some shared world image" (Erikson, 1970). With the continuous reciprocal influence in our lives and after exploring latest knowledge about self and others, 'sense of self as unique being' is also altered. But Individuals have preparedness to preserve internal consistency (Erikson, 1959).

People aspire to minimize their unstable mental experiences to retain their sense of wellbeing (Jourard, 1985; Lecky, 1995; Maslow, 1954; Rogers, 1951). Verma and Verma (1989) defined wellbeing as 'a subjective feeling of contentment, happiness and satisfaction with life's experiences and one's role in the world of work, sense of achievement utility belongingness and no distress, dissatisfaction or worry'.

According to western psychological theories (e.g., Erikson, 1950; Festinger, 1957; Jourard, 1963; Lecky, 1945; Maslow, 1954; Rogers, 1961), mental health and wellbeing can be predicted with 'the degree of the consistency. Though researchers however, in eastern cultures (Heine, 2001; Heine & Lehman, 1997, 1999; Markus & Kitayama, 1994; Suh, 2002) found, inconsistent relationship between identity consistency and mental health which suggest inconsistencies do not always lead to maladjustments and poor sense of wellbeing of individuals. Perhaps global consistencies are not prioritized in eastern cultures, rather the adjustment with social contexts and nurturing 'relation specific self' are more valued. (English and Chen, 2011)

Research related Identity Consistency and Subjective well being:

With the rising value of consistency regarding identity, researchers apply different methods to assess consistency. In one study Fitch and Adams (1982) applied Ego-identity interview to assess the identity-intimacy relationship on 28 males and 50 females, in another study Objective measure of ego identity status were assessed using likert scale comprised of 24 items (Adams, Shea and Fitch, 1979) .

Whitbourne (1986) conducted a semi structured Adult Identity Interview where the participants were asked to narrate their identities regarding their current employment and family conditions for assessing Identity flexibility ,that is the mindset of individuals to look over different identity commitments in the field of family and work, on a sample of 57 adults. Identity flexibility was significantly related to life change and openness to experience, signifying that both personality and appraise and real social assets are predictors of ‘flexibility and life change’ in adulthood. Suh (2002) attempted to study the relevance of Identity Consistency (IC) to the culture since consistency among different aspects of the identity is emphasized in the western culture & multiple selves are often viewed as co-existing realities in the East Asian culture (Korean). To obtain an index of identity consistency (IC) level, participants were asked to rate 25 personality traits that described his or her “general self” on a scale ranging from 1 (not at all like myself) to 7 (very much like myself). Afterwards, each personality trait was rated across 4 relationships (father, mother, romantic partner and strangers). The 25 adjectives consisted of positive (e.g., cheerful), neutral (e.g., serious), and negative (e.g., cynical) personality characteristics were compiled in reference to the Big Five traits (Goldberg, 1993). After converting each person’s 125 ratings into a 25X5 matrix (25 traits in five different contexts, including the general self), On the basis of this statistical logic, the percentage of variance accounted for by the first factor was used as a personal index of IC. Results indicated that compared with Western culture, Korean’s are more flexible across social relations and their subjective wellbeing was less predictable from levels of Identity Consistency.

However, Dhar et.al (2010) studied the relationship between Identity Consistency (IC) and General Well-Being (GWB) of the college students of Kolkata. To assess IC index of the participants, they referred Suh’s scale on IC (2002).

The 20 traits included in their study were as follows: Emotional, Modest, Friendly, Co-operative, Talkative, Impatient, Impulsive, Open-minded, Out-going, Introverted, Dominant, Business-like, Calculative, Honest, Twofaced, Cheerful, Kind, Rational, and Cranky. They found that Identity consistency is positively associated with wellbeing of the college and university students of Kolkata, aged between 18 to 25 years. Internal consistency of each individual was obtained in terms of percentage of variance by using factor analysis by principal component method. The percentage of variance scores were then transformed into IC scores through angular transformation. The sample was administered IC scale in order to obtain an index of IC and

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GWB was assessed using the PGI GWB Scale (Verma & Verma 1989). Results indicated that IC has a significant positive correlation with GWB and it contributes GWB signifying consistent identity across intimate relations can be said to be a prerequisite of mental health leading to satisfactory perception of well being.

English & Chen (2011) attempted to study the impact of self-concept consistency across European American and East Asian American (i.e., Chinese, Japanese, and Korean American) cultures to assess the consistency across relationship contexts and subjective authenticity and the consistency within relationship over time. 18 different personality traits (anxious, bossy, careless, considerate, cooperative, expressive, friendly, insecure, kind, lazy, moody, open-minded, organized, polite, responsible, self confident, shy, talkative) using a 7-point scale (1 = not at all, 7 = very much) were administered to the participants over three intimate relationships, namely, self with friend, self with mother, and self with romantic partner.

To assess Index of inconsistency across relationships, the standard deviation of each participant's self descriptiveness ratings for each trait across his or her relationships was computed and then averaged the standard deviations across the traits. Larger standard deviations indicate greater inconsistency in participants' self-views across different relationship. Result suggests that inconsistency of trait self-perceptions across different relationship contexts was linked to lower subjective authenticity and relationship quality for European Americans but not East Asian Americans. However, inconsistency within the same relationship context over time showed smaller level of authenticity and relationship quality among both the cultures.

Banerjee (2005) studied self view of men and women, the consistency of self view across different relations and relations between IC, marital intimacy and quality of marriage. Here, the respondents were requested to give 10 accurate personality traits of themselves and rated it on a 5 point scale ranging from 1 to 5 across 4 intimate relations (father, mother, spouse and same gender friend) to assess IC. IC index was obtained computing factor analysis and 1st factor was considered as IC score.

Dhar (2010, 2015) studied on Identity Consistency, quality of marital life and attachments. Sufficient numbers of traits were collected from 520 individuals and the traits were rated by 100 judges on the basis of its variability across different intimate relations. 80 traits which had moderate variations across relations were selected for the study. IC of the individuals were determined administering 80 moderate variability personality traits on subjects and they were asked to rate it on a 5 point scale on the basis of its expression on 4 intimate relations (father, mother, same gender friend). IC index was determined after angular transformation of 1st factor of factor analysis.

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The studies mentioned so far focus that fact that though several studies have been conducted to find different angles of relationships among formation of a consistent identity and its relations to concerned variables in intimate relations but research has yet to explore impact of spousal appraisal regarding other partner's consistency across relations on their sense of wellbeing. Hence, the study has taken into consideration to conceptualize the fact that how females apprehend about their true and presented self and how the difference between the two selves affect the sense of wellbeing of females. We are considering the perception of the most intimate relation that is Spousal relation in adult life which may have a strong impact on females' cognitive process.

Henceforth, the current study aims to explore Identity Consistency Index for females of both appraisals.

For the present study, two appraisals have been taken into consideration.

1st appraisal- self appraisal of females regarding their identity consistency

2nd appraisal- Females' perception about their spouse' appraisal regarding females' identity consistency

The study also attempts to explore whether the identity consistency of females have any contribution to the subjective wellbeing of the females. At the same time the study also discern whether the differences of identity consistency as viewed by self and their spouse have any contribution to sense of subjective wellbeing of married women.

METHODOLOGY

Objective

A) Selection of the 50 traits or personality characteristics of individual those are varied across different intimate relations (among 132 moderate and maximum variability traits of Dhar's Study).

B) To explore

- 1) whether there is any significant difference between 1st appraisal of Identity Consistency (self appraisal of Identity Consistency) and 2nd appraisal of Identity Consistency (perceived spousal appraisal of Identity Consistency).
- 2) Identity Consistency index of 130 married females along with their Sense of subjective wellbeing.
- 3) whether there is difference in sense of subjective wellbeing between females who underestimated by their spouses regarding their IC than the females who overestimated by their spouse.
- 4) Whether these differences in perceived Identity consistency have contribution to the females' sense of wellbeing
- 5) The relative contribution of Identity Consistency of both appraisals (self and spousal appraisal) to the females' sense of wellbeing.

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Sample

The sample comprised of a group of individuals which included 130 married females and 130 married males (130 married couples) selected through purposive sampling from the society (Indian culture specifically Bengali Culture).

Inclusion Criteria

- 1) Minimum educational qualification is graduate.
- 2) Age range within 25-35 years.
- 3) Living in nuclear or extended nuclear family.
- 4) Individuals who do not have history of divorce or separation (not remarried).
- 5) Minimum five years duration of marriage.
- 6) Both the parents and in-laws are alive.
- 7) The spouse is alive.
- 8) Individuals staying with their spouse at present.
- 9) Convenient in English language.

Tools Used

- 1) Socio demographic data sheet.
- 2) Kuppuswamy's Socioeconomic Status Scale(modified version by Gururaj and Maheshwaran 2014)
- 3) General Health Questionnaire (Goldberg , 1979)
- 4) Identity Consistency scale (Dhar,2010)
- 5) Subjective wellbeing scale (Sell ad Nagpal, 1992)

1. Socio Demographic Data sheet

It consists of personal information about the subject regarding age, sex, education, occupation, income, family type, type of marriage, duration of marriage, number of children and whether the subject had any past or current history of psychiatric illness or only history of availing counseling or psychotherapeutic services.

2. Kuppuswamy's Socioeconomic Status Scale

It assess the socio-economic status of an individual.

3. General Health Questionnaire-Form 28 (Goldberg, 1979) as Screening tool It is a self-administrative questionnaire consisting 28 items which was used as screening tool to detect the psychiatric distress in the subjects. Those who have crossed the cut off score (4 out of 28), was not considered for the present study.

4. Identity Consistency Scale (Dhar, 2010)

To obtain an index of Identity consistency, E.M Suh's study on culture, identity consistency and subjective wellbeing (Suh, 2002) and Dhar's study of IC, Attachment and Marital quality in Indian adults (2010) were taken as reference.

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a) 50 traits were selected from 132 moderate and maximum variability traits (Dhar,2010). The respondents were asked to choose 10 traits of themselves from this 50 traits list which best describe themselves across six intimate relations (relationship with father, relationship with mother, relationship with spouse, relationship with same gender friend, relationship with mother-in-law, relationship with father-in law)

b) They were asked to rate the expression of trait or characteristics across these six relations on a 5 point scale, where

1 = Maximum expression of the traits / characteristics

2 = Much expression of the traits / characteristics

3 = Moderate expression of the traits / characteristics

4 = Less expression of the traits / characteristics

5 = Minimum expression of the traits / characteristics

5. Instruction for Identity Consistency(IC) Scale

1. Regarding the first appraisal, the instruction of the **Identity Consistency** Scale as such is applicable

Out of the given fifty traits, you have to choose ten traits that describes you best and which you perceive as being related to these six intimate relationships i.e., (father, mother, spouse, same gender friend, father-in-law, mother-in-law).Please rate the relevance of the following traits or characteristics as they are expressed in people in 6 relations ,i.e., father, mother, spouse, same gender friend, father-in-law, mother-in-law on a five point scale where

1. Maximum expression of the trait or characteristics

2. Good expression of the trait or characteristics

3. Moderate expression of the trait or characteristics

4. Less expression of the trait or characteristics

5. Minimum expression of the trait or characteristics

2. Regarding 2nd appraisal : In case of female's perception of her spouse's appraisal of her own **Identity Consistency** (2nd appraisal) the following instruction has been given :

There are self-chosen 10 individual's psychological characteristics or traits which described you best in people in 6 relations, i.e., father, mother, spouse, same gender friend, father-in-law, mother-in-law. "If your husband is asked how you view your wife in following traits across these six relationship context (i.e., father, mother, spouse, same gender friend, father-in-law, mother-in-law), what will be his ratings regarding you from the given five point scale?" There is no right or wrong answer and be sure that you have responded to all the traits.

where

1. Maximum expression of the trait or characteristics

2. Good expression of the trait or characteristics

3. Moderate expression of the trait or characteristics

4. Less expression of the trait or characteristics

5. Minimum expression of the trait or characteristics

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Scoring and interpretation of the data have been done in two categories.

1st Appraisal- Females' appraisal of her own Identity Consistency

2nd Appraisal-Female's appraisal about her spouse's appraisal about her Identity Consistency.

Difference Score: Difference between 1st and 2nd appraisal of Identity Consistency

Overestimation: If 2nd appraisal is greater than 1st appraisal of females' Identity Consistency

Other Types of difference score related overestimation

ICO1 denotes the group of females who differ maximally from their spouses regarding their IC

ICO2 denotes the group of females who differs minimally from their spouses regarding their IC

Underestimation: If 1st appraisal is greater than 2nd appraisal of females' Identity Consistency

Other Types of difference score related underestimation

ICU1 denotes the group of females who differs maximally from their spouses regarding their IC

ICU2 denotes the group of females who differs minimally from their spouses regarding their IC

6. Subjective wellbeing (Sell and Nagpal, 1992)

It is designed to measure feeling of wellbeing or ill-being as experienced by individual or a group of individuals in various day to day life concerns. It consists of 40 items with 11 dimensions.

Statistical analysis

The results have been calculated on the basis of SPSS-12

- 1) A data matrix was constructed for each 260 people (130 couples) on the basis of the 10 traits rated by them across 6 intimate relations.
- 2) Internal consistency of each person has been obtained in terms of percentage of variance using factor analysis by principal component method.
- 3) The percentage of variance scores has been transformed into IC indices through angular transformation.
- 4) Descriptive Statistics (mean and standard deviations) has been computed for Identity Consistency Scale for 1st and 2nd appraisal, Sense of Subjective wellbeing.
- 5) 't' test has been used to determine whether the self-appraisal and perceived spousal appraisal of Identity Consistency of females differ significantly or not.
- 6) Product moment coefficient of correlation has been used to find out the relationships between Identity Consistency and subjective Wellbeing.
- 7) Stepwise Multiple Regression Analysis (SMRA) was done to find out relative contribution of Identity Consistency in the development of quality of Sense of subjective wellbeing.

RESULT

t-test

Table 1a: Mean and Standard deviation of both appraisals (1st and 2nd) of Identity Consistency (IC) and sense of subjective wellbeing (SWB) of females as well as t-test between 1st and 2nd appraisal of IC

	N	Mean	SD	Sig
ICF	130	61.52	14.81	.01
ICFM	130	65.02	15.25	
SWB	130	91.39	9.86	

SWB= Sense of Subjective Wellbeing

ICF=1st appraisal that is self appraisal of females' Identity consistency across various social roles (i.e, father, mother, spouse, same-gender friend, father in law and mother in law). Example: if we are considering 'sensitive' as self-chosen trait by one of the participants, I ask her to rate how much 'sensitive' she is towards the following relationship contexts (with her father, with her mother, with her spouse, with her friend, with her father-in-law and with her mother-in-law)

ICMF= 2nd appraisal of Identity consistency of females. Spouses' appraisal of females' as perceived Identity consistency by females across various social roles (i.e, father, mother, spouse, same-gender friend, father in law and mother in law).

Example: "If I ask your husband to rate you on how much 'sensitive' you are towards the following relationship contexts (with her father, with her mother, with her spouse, with her friend, with her father-in-law and with her mother-in-law), what will be his response?"

The above findings depicted the nature of the sample regarding Identity Consistency and sense of subjective wellbeing considered for the present study. As far as the Identity Consistency of the total group is concerned, it is evident from the obtained result that sample has average consistencies regarding their identities and perceived identities. These two appraisals regarding their identities differ significantly from each other; where self or 1st appraisal (ICF) is significantly smaller in Identity Consistency than 2nd appraisal (ICFM). It is also evident from the above findings that sample has satisfactory sense of subjective wellbeing.

Table 1b: (comparison between underestimation and overestimation)

	N	sig	Mean of SWB	SD	Sig (SWB)	t	df
Overestimation	72	.01	90.87	12.04	.037	2.11	125
Underestimation	55		86.25	12.43			

Overestimation= ICMF>ICF

Underestimation=ICMF<ICF

SWB=sense of subjective wellbeing

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The above findings from the table signifies that females who perceived to be underestimated by their spouse regarding their Identity consistency differ significantly In their IC as well as SWB from females who perceived to be overestimated by their spouse regarding their Identity Consistency. Those who overestimated by their spouses regarding their identity consistency showed significantly better sense of subjective wellbeing than those who were underestimated by their spouse.

Table 1c: (Comparison between ICU1 and ICU2)

	N	Mean of SWB	SD	Sig	Man whitney	Wilcoxon
ICU1	13	84.92	12.16	.650	75	166
ICU2	13	86.92	12.73			

ICU1= The females who maximally differ from their spouses' view regarding females' Identity consistency

ICU2= The females who minimally differ from their spouses' view regarding females' Identity consistency

SWB=sense of subjective wellbeing

The above findings from the table deals with the groups of females who perceived to be underestimated by their spouse regarding their identity consistency. The result signifies that females who perceived to be maximally differ from their spouses' view regarding females' Identity consistency (ICU1), does not differ significantly in sense of subjective wellbeing from females who perceived to be minimally differ from their spouses' view regarding their Identity consistency (ICU2). Though mean of SWB shows better sense of subjective wellbeing in ICU2 than ICU1 signifying that females who perceived to be minimally differ from their spouses' view regarding females' Identity consistency, have better sense of wellbeing than the females who perceived to be maximally differ from their spouses' view regarding females' Identity consistency.

Table 1d: (Comparison between ICO1 and ICO2)

	N	Mean of SWB	SD	Sig	Man whitney
ICO1	16	89.31	13.08	.574	127
ICO2	18	92.5	9.81		

ICO1=The females who maximally differ from their spouses' view regarding females' Identity consistency

ICO2=The females who minimally differ from their spouses' view regarding females' Identity consistency

SWB=sense of subjective wellbeing

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The above findings from the table deals with the groups of females who perceived to be overestimated by their spouse regarding their identity consistency. The result signifies that females who perceived to be maximally differ from their spouses' view regarding females' Identity consistency (ICO1), does not differ significantly in sense of subjective wellbeing from females who perceived to be minimally differ from their spouses' view regarding their Identity consistency (ICO2). Though mean of SWB shows better sense of subjective wellbeing in ICO2 than ICO1 signifying that females who perceived to be minimally differ from their spouses' view regarding females' Identity consistency, have better sense of wellbeing than the females who perceived to be maximally differ from their spouses' view regarding females' Identity consistency.

Table 2 : Correlations of Subjective wellbeing, Identity consistency of the females (1st appraisal and 2nd appraisal of Identity consistency)

		SWB	ICF	ICMF
SWB	Pearson Correlation	1	.069	.240**
	Sig. (2-tailed)		.434	.006
	N	130	130	130
ICF	Pearson Correlation	.069	1	.420**
	Sig. (2-tailed)	.434		.001
	N	130	130	130
ICMF	Pearson Correlation	.240**	.420**	1
	Sig. (2-tailed)	.006	.000	
	N	130	130	130
		130		

** means significant beyond 0.01 level

SWB= Sense of Subjective Wellbeing

ICF=1st appraisal or self appraisal of females Identity consistency across various social roles (i.e, father, mother, spouse, same-gender friend, father in law and mother in law)

ICMF= 2nd appraisal of Identity consistency of females or Appraised spouses' appraisal of females' Identity consistency by females.

The above table reveals that there is significant correlations between sense of subjective wellbeing and 2nd appraisal of IC(ICMF). This indicates that Sense of subjective wellbeing is related to 2nd appraisal of identity consistency of females. This findings indicate that with an increase in females' consistency regarding expressions of traits or characteristics across intimate relationships of father, mother, same gender friends, father in law and mother in law), there is also an increase in positive perception regarding sense of subjective wellbeing.

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However, 1st appraisal or self appraisal of identity consistency did not show any significant relation to sense of subjective wellbeing of females may be indicative of the fact that females' sense of subjective wellbeing is independent of females' self appraisal of her IC.

Regression

Dependent Variable	Predictor variables	Adjusted R Square	F	Significance level	Beta coefficient
SWB	ICMF	.05	7.81	.006	.240

SWB= Sense of Subjective Wellbeing

ICMF= 2nd appraisal of Identity consistency of females or Appraised spouses' appraisal of females' Identity consistency by females.

It was also observed from table 1.3 that ICMF alone predicted the variance of SWB by 5%. The positive b values suggest the positive impact of ICMF on the aspects of Sense of subjective wellbeing.

DISCUSSION

The present study on Identity Consistency and subjective wellbeing in married females are guided by the Eriksonian analysis on ego identity which he conceptualized as continuity of images of selfhood that revise throughout the life cycles (Erikson, 1968). It may be noted here that despite the various changes in different aspects of one's life and relations, somehow one maintains or strives to be the same person and wished to be viewed as same individual by significant others. The present study attempts to assess the impact of significant others' (spouse) view of females' identity on their sense of wellbeing.

The objective of this study is therefore to explore how females' view themselves with respect to their close relationships and how they view about their spouses' appraisals regarding them in these close relationships; how these two views related to the sense of subjective wellbeing of females.

The present study was a cross sectional in nature and was done in two stages where first stage deals with the selection of the traits or characteristics of individuals from 132 traits of Dhar's study (2010) and assessment of Identity Consistency of married females.

Second stage deals with the associations of the different appraisals (1st and 2nd appraisals) of identity consistency of married females and their sense of subjective wellbeing.

First Stage:

A) Selection of traits and Assessment of IC

Steps 1: Selection of traits to assess IC index of the females's

Dhar (2010) has given more priority to moderate variability traits and avoid maximum variability traits as it may lead to the person inconsistency in nature. In her study on Identity consistency, Attachment and Marital quality in Indian adults, she used 80 moderate variability from collected 200 self described traits. Where as from Suh's study (2002) it can be observed that she has given more priority to maximum variability traits as these traits vary maximally across different relations. In that study she choose 20 most frequently occurring personality traits which describe the subjects best, collected from two different culture (U.S and Korea, ten traits for each culture) and maximum variability traits like talkative were given more priority over minimum / moderate variability traits which are more consistent personality traits of an individual or innate nature of an optimistic and does not vary depends on different socio relations.

Taking in to consideration this contrary views of researchers from eastern and western cultures, it was initially decided to include totals 132 traits (52 maximum variability and 80 minimum variability) for the present study and let the subjects choose freely according to their characteristics being it moderate or maximum, but it was found that subjects were confused and facing difficulties to choose 10 best self-described traits among 132 traits. Moreover, it was noted that though the traits chosen by Dhar (2010) have moderate variability, the range of average number of variation lies between 1.05 to 2.29. Among 80 moderate variability traits used in Dhar's study, the average number of variation for 61 traits are below 2. Average variation 1 means it does not vary across social intimate relations, i.e., father, mother, spouse and same gender friend. It means that 61 traits selected by Dhar's study did not vary across the intimate relations as rated by 100 judges in her study. So, it was decided to include maximum variability traits which have the average variation ranging from 2.30 to 3.13 in Dhar's study where average variation 2 means the traits vary in at least one relations among 4 intimate relations, i.e., father, mother, spouse and same gender friend and average variation 3 means the traits vary across 2 relations among 4 intimate relations.

After a pilot study with 35 females, it was found that these large number of traits(132 traits) are confusing to the subjects; some traits are some what similar or related meanings like silent-calm, cooperative-adjustable, Dutiful-responsible, Touchy-Impulsive, Loving-Affectionate etc. To reduce this difficulty and avoid these undesired circumstances, it was decided to include 50 traits will be chosen for the present study and among 50 traits subjects have to select ten traits those describe them best.

The final randomized 50 traits for the present study are: Sensitive, Illogical, Moody, Harsh, Critical, Obedient, Honest, Talkative, Loyal, Arrogant, Attentive, Cooperative, Responsible, Strict, Forgiving, Supportive, Submissive, Protective, Analytic, Sincere, Dominant, Impatient,

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Open-minded, Frank, Nagging, Dependant, Caring, Disturbing, Helpful, Active, Faithful, Aggressive, Anxious, Defensive, Emotional, Manipulative, Rigid, Truthful, Serious, Devoted, Predictable, Outspoken, Assisting, Good-listener, Non-expressive, Sacrificing, generous, Dutiful, Possessive, Modest.

Step 2: Assessment of IC

The identity consistency indices of 130 married female were calculated on the basis of the following steps using SPSS 12.0.

- a) A data matrix was constructed for each of 130 married females on the basis of 10 traits rated by them across 6 intimate relationships. Each females' rating themselves of the 10 traits or characteristics with respect to 6 relationships (Father, Mother, spouse, same gender friend, Father-in-law, Mother-in-law) were arranged in a 10 X 6 matrix (ten self descriptions X six relationships).
- b) Internal consistency of each female was obtained in terms of percentage of variance by using factor analysis. Each individual's matrix was factor analyzed, using the principal component method. The statistical logic used was that, if a person views himself or herself consistently across all intimate relationships, the principal component factor obtained from the within subject factor analysis would account for a large percentage of the persons view variance across relationships and vice versa.
- c) The percentage for variance score accounted for by the first factor was transformed into interval scale score using angular transformation and this score was considered as the measure of Identity Consistency (across relationship) i.e., the Identity Consistency Index for each female. Percentage of variance will be changed into proportion i.e., if % of variance is 54.49, proportion will be 0.5449 or 0.54.

B) Stage 2: Relations between 1st and 2nd appraisal of IC of females and their sense of subjective wellbeing

“Identity is the accrued confidence that one’s ability to maintain inner sameness and continuity...”(Erikson,1959). In the present study it has been operationalized as -person’s sense of same ness in various self-described traits across intimate relations-father, mother, spouse, same gender friend, father-in-law and mother-in-law).

It is evident from table1.1 that 2nd appraisal (perceived spouses’ appraisal of females) of Identity consistency has significant difference than the 1st appraisal (self appraisal of females) of Identity consistency. An overestimation of IC has been observed in 2nd appraisal of IC in comparison to the 1st appraisal of IC signifying females’ inner desire to be appraised as consistent by their spouse (1b). This finding is substantiated from the significant positive correlation between 2nd appraisal of IC and sense of subjective wellbeing of females (Table 2). When females appraise that their husbands perceive them as more consistent in self-described traits across intimate relations as compared to the females’ version about themselves, it may appear to the females as a

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respectful evaluation by the spouses for them, leading to significantly better sense of subjective wellbeing of the females. It is not perceived as falsified statement but as unconditional acceptance of the spouse in spite of their wives' humane limitation.

The findings substantiate the females' expectation to be positively appraised by the spouse on Identity Consistency as the positive 'b' value in regression analysis (Table 3) also suggestive of positive contribution of 2nd appraisal of IC on the aspects of Sense of subjective wellbeing. It probably is because of the fact that when females are appraised positively about their inner integrity by 'the person with whom they share the most intimate relation', they find it rewarding and worth that positively affect sense of wellbeing of females. This assures them a feeling of security that gives them a sense of comfort and finally enhancing sense of wellbeing. Since this support is received from the most intimate relationship in their lives, it enhances the maximum feeling of connectedness with their husbands. This connectedness increases SWB not only because their IC has been overestimated by their spouse but this 'connectedness with significant others' help to form females' vision about their self hood (Cross & Madson, 1997; Diedrick, 1988) by actually increasing their own IC. Supporting this views Markus and Kitayama (1991) also believed that in collectivist society, person is perceived as rooted in a societal framework of interpersonal intimacy and involvement which helps to form and describe 'self.'

From Table 1c and 1d, it is observed that both case of appraisals by females, be it overestimation or underestimation of IC by spouses, there is no significant mean difference of SWB with 'females who appraised to be maximally differ from their spouses' views regarding their IC'(ICMa) and 'females who appraised to be minimally differ from their spouses'(ICMi) views regarding their IC'. Though a trend has been found from 'means' of having better sense of SWB in ICMi than ICMa. So, the 'overestimated or underestimation' is valued over 'maximum and minimum' discrepancies between opinions.

Though surprisingly from table 2 it has been noted that, being consistent is not prioritized by the females' self view of IC and is not significantly related to the sense of subjective wellbeing of females. It may be because of the fact that females in the present study, being in part of Eastern Asian Culture, have tolerance towards incongruity between personal desire and actual manifestation of behavior. Few research support this fact like- in East Asian culture, unlike western cultures, does not assume to this fact that 'action should be consistent with inner thinking' so they are less affected by cognitive dissonant situations (Heine and Lehsar,1997; Kashima, Seigal, Janaka & Kashima 1992). Where as Fu et al, (2001) found East Asians are less critical of incongruent acts displayed between private and public situations. So, it can be concluded that females desire to be positively appraised by their spouse regarding their IC though they themselves actually are not so consistent across relations. They are less disturbed by this incongruity so it does not adversely affect their sense of wellbeing supporting the fact that SWB are not related to ICF that is their self appraisal of IC.

CONCLUSION

Perceived spousal overestimation of females' IC is well received by the females, leading to a satisfactory sense of wellbeing. However, females' self appraisal of IC and SWB is independent of each other owing to non-maintenance of continuity of self described attributes across the relation fails to maintain continuity which is not disturbed by them.

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Conflict of Interests

The author declared no conflict of interests.

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The Relationship between Mental Health and Depression among Science Faculty Students

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ABSTRACT

Objective of the study: To find out the relationship among depression on mental health among science faculty students. **Hypotheses:** 1. Low depress college students will significantly high mental health than the high depress science faculty students. 2. There will be negative correlation between mental health and depression among science faculty students. **Sample:** The effective sample consisted of 80 subjects, among 40 subjects were Low depress and 40 subjects were high depress science faculty students from Aurangabad (Maharashtra). The age range of subjects where 20-24 years (Mean 20.75, SD 3.26). And Simple random sampling was used. **Variable:** Independent variable- Depression a) High b) Low Dependent Variable: Mental Health **Tools:** Mental Health Inventory (MHI): Mental health inventory constructed by Dr. Jagdish and Dr. A K Srivastav. 2. Depression Scale: Depression Scale construct by Dr. Shamim Karim and Dr. Rama tiwari. **Conclusions:** 1.Low depresses science faculty students had significantly high mental health than the high depress science faculty students. 2. Negative Correlation between depression and mental health among science faculty students.

Keywords: Mental Health, Depression, Science Faculty Students

The quality of our lives depends upon the quality of our relationships with others. Relationships are the source of so much of our happiness and success, but they can also be the cause of our pain and despair. And when we have problems with our primary relationships, it's difficult to find joy in anything else.

Problems and misfortunes are a part of life. Everyone experiences unhappiness, and many people may become depressed temporarily when things don't go as they would like. Experiences of failure commonly result in temporary feelings of worthlessness and self-blame, while personal losses cause feelings of sadness, disappointment and emptiness. Such feelings are normal, and they usually pass after a short time. This is not the case with depressive illness. Depression is

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different from feeling down or sad. Unhappiness is something which everyone feels at one time or another, usually due to a particular cause. A person suffering from depression will experience intense emotions of anxiety, hopelessness, negativity and helplessness, and the feelings stay with them instead of going away. Depression can happen to anyone. Many successful and famous people who seem to have everything going for them battle with this problem. Depression also affects people of every age. Half of the people who have depression will only experience it once but for the other half it will happen again. The length of time that it takes to recover ranges from around six months to a year or more. Living with depression is difficult for those who suffer from it and for their family, friends, and colleagues. It can be difficult to know if you are depressed and what you can do about it.

Types of depression

There are several types of depression, some of which are listed below.

- **Mild depression**

Depression is described as mild when it has a limited negative effect on your daily life. For example, you may have difficulty concentrating at work or motivating yourself to do the things you normally enjoy.

- **Major depression**

Major depression interferes with an individual's daily life - with eating, sleeping and other everyday activities. Some people may experience only one episode but it is more common to experience several episodes in a lifetime. It can lead to hospital admission, if the person is so unwell they are at risk of harm to themselves.

- **Bi-polar disorder**

The mood swings in bi-polar disorder can be extreme - from highs, where the individual feels extremely elated and indestructible, to lows, where they may experience complete despair, lethargy and suicidal feelings. Sometimes people have very severe symptoms where they cannot make sense of their world and do things that seem odd or illogical.

- **Post-natal depression**

Many new mothers experience what are sometimes called 'baby blues' a few days after the birth. These feelings of anxiety and lack of confidence are very distressing but in most cases last only a couple of weeks. Post-natal depression is more intense and lasts longer. It can leave new mothers feeling completely overwhelmed, inadequate and unable to cope.

Fosterling and Binser (2002) investigated the link between depression and school performance among high school students. High depression scores were associated with low overall grades. The authors found that pupils with low grades and pupils who are depressed attributed failure to internal, stable and global causes more than high achievers and non-depressed pupils did. These findings demonstrated the vicious cycle that exists between depression and low grades, creating a downward spiral towards worsening mental health and failing grades.

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David M. Fergusson; Lianne J. Woodward, (March 2002) **Mental Health, Educational, and Social Role Outcomes of Adolescents with Depression.** Background This study used longitudinal data to examine the extent to which young people with depression in mid adolescence (ages 14-16) were at increased risk of adverse psychosocial outcomes in later adolescence and young adulthood (ages 16-21). Methods Data were gathered during a 21-year longitudinal study of a birth cohort of 1265 children. Measures included assessments of *DSM-III-R* major depression (at age 14-16); psychiatric disorders, educational achievement, and social functioning (at age 16-21); social, familial, and individual factors; and comorbid disorders. Results Thirteen percent of the cohort developed depression between ages 14 and 16. Young people with depression in adolescence were at significantly ($P<.05$) increased risk of later major depression, anxiety disorders, nicotine dependence, alcohol abuse or dependence, suicide attempt, educational underachievement, unemployment, and early parenthood. These associations were similar for girls and boys. The results suggested the presence of 2 major pathways linking early depression to later outcomes. First, there was a direct linkage between early depression and increased risk of later major depression or anxiety disorders. Second, the associations between early depression and other outcomes were explained by the presence of confounding social, familial, and individual factors. Conclusions Young people having early depression were at increased risk of later adverse psychosocial outcomes. There was a direct linkage in which early depression was associated with increased risk of later major depression and anxiety disorders. Linkages between early depression and other outcomes appeared to reflect the effects of confounding factors.

Maximus (2001) studied Depression and Other Mental Health Barriers among Welfare Recipients. It was conducted with more than 3,400 welfare recipients in the age range of 18-61. Study was based on telephone surveys in three states: New Mexico, North Carolina, and California (San Bernardino County) Results showed that depression varied considerably by age group. Older recipients were more likely than younger recipients to have experienced depression during the past year. Of the respondents aged 40 and older, between 57 and 61 percent reported experiencing problems with depression.

METHOD

Objective of the study:

- To find out the effect of depression on mental health of college students.

Hypotheses:

1. Low depress college students have significantly high mental health than the high depress college students.
2. There will be negative correlation between mental health and depression among college students.

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Sample:

The effective sample consisted of 80 subjects, out of which 40 subjects were Low depresses and 40 subjects were high depress of College of Aurangabad (Maharashtra). The age range of subjects where 18-25 years (Mean 20.36, SD 3.45). And Non- probability accidental and purposive sampling was used.

Variable

Independent variable-

Depression: a) High b) Low

Dependent Variable: Mental Health

Tools:

1) Mental Health Inventory (MHI):

Mental health inventory constructed by Dr. Jagdish and Dr. A K Srivastav. 56 items are in the questionnaire and each of the items has four responses – 1. Almost always true, 2. Some time true, 3. Rarely true and 4. Almost never true. The reliability of the inventory was determined by split-half method using odd-even procedure. Overall mental health reliability coefficients is .73 and Construct validity of the inventory is determined by finding coefficient of correlation between scores on mental health inventory and general health questionnaire (Gold beig, 1978) it was found to be .54.

2) Depression Scale:

Depression Scale construct by Dr. Shamim Karim and Dr. Rama tiwari. All the 96 items of the scale. And each of the item has two answer (multiple Choice) 'YES' and 'NO' split-half reliability, Guttman and spearman-Brown's prophency formula have been used which yielded the coefficient of correlation as + .86 and +.92 respectively, when this test was administered on a sample of 100 subjects. and factor analysis method used for validity.

Procedures of data collection:

The study was conducted in two phases. In the first phase, depression test were give on the 150 college students. The data were obtained and median value on depression test was calculated. Students at and above median value were treated as having Low depress College students and below median value were treated as having high depress College students. From among 80 students, 40 students having Low depress students and 40 students having high depress, were selected. The selected students were subjected to mental health Inventory in the second phase. The obtained data analyzed using t-test.

STATISTICAL ANALYSIS AND DISCUSSION

High depress college student and low depress college student, Shows the mean S.D and t value of mental health

Dimension	High Depress Students (N=40)			Low Depress Students (N=40)			t- ratio	df	p
	Mean	SD	SE	Mean	SD	SE			
Mental Health	152.75	14.43	1.97	184.02	16.39	1.75	14.10	78	< .01

The results related to the hypothesis have been recorded. Mean of Total Mental Health score of the high depress College Students Mean is 152.75 and that of the low depress College Students Mean is 184.02 The difference between the two mean is highly significant ('t' = 14.10, df = 78, P < 0.01) This Result Support the Hypothesis. Low depress college students have significantly high mental health than the high depress college students. A similar finding was reported earlier by David M. Fergusson, and others (March 2002) **Mental Health, Educational, and Social Role Outcomes of Adolescents with Depression.** Conclusions Young people having early depression were at increased risk of later adverse psychosocial outcomes. There was a direct linkage in which early depression was associated with increased risk of later major depression and anxiety disorders. Linkages between early depression and other outcomes appeared to reflect the effects of confounding factors.

Table No. 02, 'r' showing the significance of relationship between mental health and depression among college students

Dimensions	N	r	DF	P
Depression	80	-.453	78	.01
Mental Health				

The results displayed in table 02 clearly indicated the significant relation between depression and mental health. The correlation of depression and mental health and significant (r = -0.46, df = 78, P < .01).

In some studies it has been found that higher intelligence scores were associated with lower depression scores, better mental health (Dulewicz and Slashi, 2003; Montes-Berges and Augusto, 2007; Kumar et al., 2007; Gale and Batty, 2009; Gupta and Kumar, 2010).

CONCLUSIONS

1. Low depress college students have significantly high mental health than the high depress college students.
2. Negative Correlation between depression and mental health among college students

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Conflict of Interests

The author declared no conflict of interests.

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An Analytical Study of Smartphone Addiction among Engineering Students: A Gender Differences

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ABSTRACT

With advent of new Smartphone technologies and the widespread utilization of touch screen mobile phones made humans embrace technology more and depend on it extensively and compulsively in their lives. Due to the new communication technologies and Smart phones the world is becoming a trajectory place where man is not relying on man for its needs but depending more on Smartphone apps which is replacing multivariate structure of human behavior where Smartphone Apps are transforming its functional role as a Guru, Mentor, Family physician, shopping consultant and so on. The present study is exploring the impact of Smartphone User Applications (Apps) on the behavior of the engineering students. This study examined Smartphone user behaviors and their relation to Smartphone addiction. A General Behavioral survey guided by a well structured self design questionnaire has been administered across a sample of hundred students. The questionnaire is comprised of Thirty items measuring amount, duration and pattern of usage of various Smartphone apps specifically health apps, entertainment apps, shopping apps, communication apps, and education apps. Overall test score measuring overall addiction to the Smartphone. A Sample is assigned using random sampling and purposive sampling method. Two groups are divided in fifty male and fifty female across the age ranges from 18- 22 years from various Engineering Colleges to measure gender differences. The test findings showing significant level of difference among the Smartphone addiction across the gender in accordance with usage of various Smartphone apps. The overall trend shows male students are more prone to Smartphone addiction than female.

Keywords: *Smartphone, Smartphone Addiction, Smartphone Applications (Apps), Human Behavior.*

Smartphone is an essential and integral part of campus culture. Even a meager observation of today's college life will reveal Smartphone is being used, both physiologically and psychologically, in every possible campus setting. A Smartphone is a mobile phone with an

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advanced mobile operating system which combines features of a personal computer operating system with other features useful for mobile or handheld use. Smartphone, which are usually pocket-sized, typically combine the features of a cell phone, such as the abilities to place and receive voice calls and create and receive text messages, with those of other popular digital mobile devices like personal digital assistants (PDAs), such as an event calendar, media player, video games, GPS navigation, digital camera and digital video camera. Most Smartphone can access the Internet and can run a variety of third-party software components ("apps"). They typically have a color display with a graphical user interface that covers 70% or more of the front surface. The display is often a touch screen, which enables the user to use a virtual keyboard to type words and numbers and press onscreen icons to activate "app" features.

The latest generation of Smartphone is increasingly viewed as handheld computers rather than as phones, due to their powerful on-board computing capability, capacious memories, large screens and open operating systems that encourage application development. Research suggests that college students breaking the rules by using smartphone frequently during class time. (Tindell & Bohlander, 2012). As Smartphone technology is rapidly developing, the device appears capable of contributing to changes in thinking and behavior of human being. For example, "Smartphone" provide students with immediate, portable access to many of the same education-enhancing capabilities as an Internet-connected computer, such as online information retrieval, file sharing, and interacting with professors and fellow students (Bull & McCormick, 2012; Tao & Yeh, 2013). Inversely, recent research suggests that many college students see the Smartphone primarily as a leisure device, and most commonly use Smartphone for social networking, surfing the Internet, watching videos, and playing games (Lepp, Li, & Barkley, 2015; Lepp, Barkley, Sanders, Rebold, & Gates, 2013).

In support of the "Smartphone as disrupter" hypothesis, a recent study by Lepp et al., in 2013 found that excessive Smartphone use was negatively associated with measure of cardio-respiratory fitness in a sample of U.S. College students. Interview data collected for the study explained the negative relationship by suggesting that Smartphone use disrupts physical activity and encourages sedentary life style. Some data collected as part of the same study suggest that Smartphone use may also disrupt behaviors conducive to academic achievement. For example, when asked to describe Smartphone use habits, one respondent revealed,

"I usually go on my phone if I'm bored sitting there in class. Or during homework I'll take little Twitter breaks." Another student said, If I'm in class and I'm bored then I'll use my phone to look on Facebook. I think it's just kind of a habit now that I have, which probably isn't a good one. But, it's just that I always have it [the phone] on me.

LITERATURE REVIEW

1 Mobile Devices: The Smartphone

Wide ranges of variety of mobile devices are available in market, including tablets, laptops, PDAs and Smartphones. This device varies in sizes, usage, and other function, which leads to differences in use and usage experience (Ghose, Goldfarb & Han, 2010). In this research, only the use of a Smartphone will be considered under the definition mobile device. Because the Smartphone is a most popular mobile device, most people own a Smartphone, it is commonly used, there are a large number of applications available and it is more affordable than a tablet. In addition, due to its small size and numerous functions, this device is utilized around most. Smartphones are carried everywhere: in workplace, at the restroom, at bedroom, at lounges, etc. Therefore, Smartphone devices are different from other technical devices, as they are conducive to creating addiction in human being. (McLuhan, 1964).

Smartphone having unique features, such as screen, size, applications, ubiquity, and flexibility in both space and time (Nielsen & Fjuk, 2010). Therefore, users can access to internet activities for sharing, consumption or exploiting media content any place and time (Okazaki & Hirose, 2009). The Smartphone is an important part of many lives; because of its size and features it is carried around whole day by its owner. A wide range of applications promote the extensive usage of Smartphones and the need of being online throughout the day.(Okazaki & Hirose, 2009). Life without a Smartphone is for many people impossible and implausible; thus, people are getting in some way habitual on their Smartphone (Haverlag, 2013). Thus, the use of Smartphones is deepening to minds and body of human being because it is always accessible and available. This intense usage could lead to addictive behavior (Young, 1999).

2 From Habit to Addiction

The Smartphone is ubiquitously available and accessible with numerous applications that stimulate its continuous utilization. These devices could lead to compulsive and impulsive behavior because of problematic excessive use. (Oulasvirta, Rattenbury, Ma, & Raita, 2011). Online user applications on Smartphones can form habits (Oulasvirta, Rattenbury, Ma & Raita, 2011). How habits do formed and become addictive? Habits are formed through repeated acts in certain circumstances (Oulasvirta et al., 2011). In cognitive research, habits are defined as “*an automatic behavior triggered by situational cues, such as places, people, and preceding actions*”(pg.2) (Oulasvirta et al., 2011). Habits are behavioral acts without self-instruction or conscious thinking. (La Rose & Eastin, 2004). Habits can have both phases of coin as its also having positive and negative effect. (Wood & Neal, 2007). Positive effects seen in fast automatic behavioral aspect, it enables accomplishment of complex tasks and multitasking. Habits give control over behavior in circumstances, where quick anticipation is required. (Wood & Neal, 2007). Habits have unique feature of identification of person as a positive social identity, as habit predicts that person's plan of actions and manifest personality characteristics of a person. (Oulasvirta, et al., 2011; Wood & Neal, 2007). On the other hand, negative influence of habit can

cause unconscious and unintended behavior activated by external or internal cues interfering other acts. This is also called maladaptive habits, as people create excessive urges, for example, unintended Smartphone checking habits. It could interfere with daily life; however, due to regulations or social norms, people are able to control these evil side of smartphone use (Rush, 2011).

Oulasvirta et al. (2011) stated that excessive use of Smartphones can manifest into negative checking habits. Checking habits are automatic actions whereby the Smartphone is unlocked to check the start screen for new messages, notifications, alerts, and application icons; these habits can be triggered by internal (emotional state, urge) and external (ringtone) cues. Those habits can be maladaptive and interfere with people's social, personal and professional life. Checking for information can be reinforcing, if someone has a new message or notification, the so-called new information reward. Rewards can enforce a repeated action which leads into habits. (Everitt & Robbins, 2005).

3. Addiction

Addiction is any kind that is traditionally associated with an uncontrollable urge accompanied by loss of control, preoccupation with its use and use despite the negative consequences. It's having a long history with reference to alcohol or drugs abuse arising from the addictive effect that those substances have on the human body and brain. However, consumption of large amounts of drugs or alcohol for a long period are not the only types of addiction but its having two kinds specifically chemical and non chemical also called as behavioral.(APA, 2001). People can develop addictions not only towards substances, but also to specific behavioral patterns (APA, 2001). The positive reward of a substance or behavior, the time between consumption or effect, and physiological response determines how addiction originates (Carbonell, Oberst, & Beranuy, 2013). Thus, when the positive reward is strong, there is a short time between physiological action and a corresponding physiological response; as a result, that stimulus becomes more addictive.

4. Behavioral addiction

Behavioral addictions are different from chemical addictions such as alcohol or drugs, its form of addiction that involves a compulsion to involve in highly reinforcing non-drug related activity, interest or behavior despite the knowledge of negative consequences to persons social, personal and professional well being. Drugs addictions are not behavioral addiction but are termed substance dependence (APA, 2001). Behavioral addiction can be defined as "*a disorder where behavior (only) functions to produce pleasure and to relieve feelings of pain and stress in which a person:*

- *Fails to control the behavior;*
- *Continues to execute (addictive) behavior despite significant harmful consequences".*

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In almost all the addictive behaviors irrespective of drug or non drug related addictions, dopamine and serotonin release is responsible for the reward and pleasurable feeling of behavior. In behavioral addiction, a specific behavior that gives the pleasant feeling and relieves the feeling of stress and pain is repeated often. In the addictive behavior, dopamine and endorphine are being released (Everitt & Robbin, 2005). In absence of pleasurable behavior, dopamine is still released in the anticipation of the reward as a conditioned response; therefore, internet and Smartphone are conditioned stimulus to generate addictive tendency in human being. (Everitt & Robbin, 2005).

The diagnostic criteria for behavioral addiction are similar to other types of addictions (APA, 2001). The following symptoms are given in Diagnostic Classification DSM-IV-TR (2001) addictions: A maladaptive pattern of Internet use, leading to clinically significant impairment or distress as manifested by three (or more) of the following, occurring at any time in the same 12-month period, is all that is required to diagnose a person as having Internet Addiction Disorder:

(I) tolerance, as defined by either of the following:

- (A) A need for markedly increased amounts of time on Internet to achieve satisfaction
- (B) Markedly diminished effect with continued use of the same amount of time on Internet

(II) Withdrawal, as manifested by either of the following

The characteristic withdrawal syndrome

- (1) Cessation of (or reduction) in Internet use that has been heavy and prolonged.
- (2) Two (or more) of the following, developing within several days to a month after

Criterion 1

- (a) Psychomotor agitation
- (b) Anxiety
- (c) Obsessive thinking about what is happening on Internet
- (d) Fantasies or dreams about Internet
- (e) Voluntary or involuntary typing movements of the fingers

(III) Internet is often accessed more often or for longer periods of time than was intended

(IV) There is a persistent desire or unsuccessful efforts to cut down or control Internet use

5. Smartphone Addiction

Whang, Lee, and Chang (2003) defined internet addiction as “*an impulse-control disorder with no involvement of an intoxicant; therefore, it is akin to pathological gambling*” (pg. 144).

Internet addiction is closely related to Smartphone addictions as features are quite similar (Kwon, Kim, Choi, Gu, Hahn & Min, 2013). Smartphone addiction mostly begins with habits such as the late log-ins, habit of checking notification, messages, status; Technology addictions are seen as a behavior to gain pleasure, relieve pain or escape from the reality (Huisman, Garretsen, & van den Eijnden, 2000). Therefore, using excessive internet use and keep checking

cellphones can be habitual phenomenon, such as watching videos, playing games, visiting social media or forums (Young, 1999).

People often use Smartphone every day, every time everywhere, do not switch off of their Smartphone even while sleeping, do not go out without them, and use them for work, study, relaxation, and socializing. Excessive cell phone usage can lead to addictive behavior (Wood & Neal, 2007; La Rose & Eastin, 2004). People having huge extension to the Smartphone, desktop or laptop computer compared to the fixed telephone. (Carbonell, Oberst & Beranuy, 2013). This is particularly more found with adolescents, as they spend more time on their cell phones because adolescents are more sensitive to rewards gain and more prone to modify their habits and behavior according to external and internal cues than older people (Haverlag, 2013).

Smartphones have Ten features that can act as a strong positive reinforcement. (Carbonell, Oberst, and Beranuy, 2013) witnessed the unique features of Smartphones that can cause positive reinforcement to users, viz:

1. Text messages, calls, or updates from social networking sites creates a feeling of being valued or loved can be *euphoric* to users.
2. Smartphone function as a daily planner, calculator, clock, camera, audio/video recorder, radio, music player, navigation and so on. *An instrumental function of Smartphone is essential* for everyday requirement.
3. Smartphones function as an *identity symbol* of its user. This is not only dependent on brand, size, shape and cost of mobile device, but also by the number of messages, notifications, and calls a person receives. It can be act as a *symbol of status* in public places to showcase a user's identity.
4. Smartphone create and maintain *social networks*. Social networks that are different from those created by face-to-face communication. Adolescents and Teenagers are fonder of creating online social network via Smartphone.
5. Due to the identity and social network implications of Smartphones, users get *dependent* of their Smartphones. Staying online for hours with creates a *feeling of dependency*.
6. Smartphones make it *easy to connect* to the online world; therefore, it is possible for users to connect with people/peers worldwide.
7. Due to the easy accessibility of Smartphone, people are getting habitual of device on large extent. Without a Smartphone, a feeling of fear can develop. Smartphone is creating *control* on cognition and connation of human being
8. Smartphone are always in hand for many individuals, it is expected that others are also *permanently connected* and accessible. This leads to a feeling of concern when people do not react in time. It develops emotional bonding in human relations.
9. Numerous applications are available on Smartphone; thus, the device can function as a *reservoir of apps* to fulfill quick needs of human being. Smartphone can offer shopping, browsing, and watching multimedia, gaming, education information, etc.

10. Smartphone provides function like calling, text messaging, communication applications, and social media make it *easy to express or share feelings, experiences* to the other being via audio, video or text.

In sum, Smartphone addiction can develop through habits; these habits can become maladaptive (i.e. function as an escape mechanism from reality. Smartphone addiction is a behavioral addiction that negatively affects person's occupational, social and interpersonal life. Smartphone addiction is evolved through intense behavior example, checking, posting, or interacting on social media platforms. If the Smartphone or application will be removed from the addicted person, panic attacks or feelings of discomfort emerge (Young, 1999; Huisman et al., 2000; Shaffer, 1996). Based on the properties of the Smartphone it can be assumed that excessive Smartphone use can form a Smartphone addiction.

6. Gender Difference in Smartphone Usage

Women are more socially oriented compared to men proved by various studies. (Lee, Chang, Lin & Cheng, 2014). Women call talk on phones for longer time than men do including phone calls to family members, relatives, friends, customer services, and sales calls (Friebel & Seabright 2010). There are huge differences between usage of internet and smartphone in male and female according to gender studies (Pawłowska & Potembska, 2012). Women use the device more for social gratifications and reinforcements rather males use the smartphone for more process-oriented gratifications. Women indulge in chatting and messaging more than men to 'gossip' or maintain social relationships and have a stronger attachment with their cell phones. Therefore, online chatting, communication and messaging apps, social networking apps are most appealing to women (Duggan & Brenner, 2012). Men are more prone to online gaming and gambling usage on Smartphone.

However, there is controversial studies in role of gender and technical addiction. In a Spanish study of Jenaro, Gomez-Vela, Gonzalez-Gil, and Caballo (2007), female internet addicts showed a stronger correlation with social anxiety. Some other studies did not find significant gender differences in smartphone and internet addiction (Rush, 2011). By contrast, Frangos, Frangos, and Kiohos (2010) detected that males are more likely to use internet due to gambling, playing games, and watching porn. Ko et al. (2005) established that males are more likely to be game addicts and Lower self-esteem and lower daily life satisfaction were strongly associated with game abuse in men but not in women. Finally, contradictory findings provide poor support to the about significant gender differences in Smartphone and internet addiction. However, women and men becomes addicts in different ways due to different usages, different motivations, and different interests in usage gratifications.

METHODOLOGY

Participants

The participants of this study were 100 students of engineering discipline age ranged from 18-22 years with mean age of 20 years which is equally divided into 50 male and 50 female. The sample was assigned through random sampling method. The study was conducted after the written consent of the participants.

Measurements

The self design questionnaire was administered on respondents consisted of 30 items which covered 5 variables viz. Usage of health apps, entertainment apps, shopping apps, communication apps, and education apps. Overall test score measures the level of addiction to Smartphone as a whole. The participants were asked to mark the responses on the basis of appropriate rating. The main aim of this study was to identify or examine the gender difference in usage of various Smartphone apps and dependence to Smartphone as a whole. Based on the test scores, maximum score to be obtained on test is 132 and minimum score is 0. On the basis of scores, three categories were drawn as a Norm for the purpose of interpretation and analysis of Test scores. These categories are Low level of Smartphone addiction, Moderate level of Smartphone addiction and High level of Smartphone addiction.

Procedures

The participants were assigned randomly through the facebook, Whatsapp, Email and a numeric platform available to engineering students of various colleges. All participants were informed of confidentiality and anonymity of their responses and agreed (by ticking the appropriate box) to give their free and informed consent. This study has been performed in accordance with the 1964 Declaration of Helsinki and its later amendments, that's why only participants who gave their consents were included in study. The present paper tries to study the impact of various Smartphone apps among the engineering students with reference to the health, entertainment, education, shopping and communication apps and exploring the dynamics of dependency on apps and Smartphone, holistic exploration has been made by asking students to fill the questionnaire by ticking in appropriate box.

Statistical Analysis

All analysis was performed using SPSS version 20 and MS-Excel 2010. Descriptive analyses were performed independently for total number of participants, male and female. T-test: Two-Sample Assuming Unequal Variances was used to assess and compare the gender inequalities of the respondent and is respectively detailed in Tables.

RESULTS

Descriptive Statistics

Table 1 showing distribution of Smartphone addiction across male and female students where findings revealed that 16 % respondents come under the moderate level of Smartphone addiction. Out of which only 5 (10%) male were having moderate level of addiction to Smartphone whereas 11 (22%) female were falls into this category. Total number of 84 % participants were comes under High level of Smartphone addiction where 45 (95%) candidates were male and 39(78%) were female candidate posing the risk of being in this category.

Table 1: Table showing Distribution of Smartphone Addiction across the gender.

Score Range	Level	Male	Female	Total
0-44	Low Level	0	0	0
45-88	Moderate Level	5	11	16
89-132	High Level	45	39	84
Total		50	50	100

Table 2 revealed that mean score of total no. of students is 77.9 with standard deviation of 9.36 where male students having mean of 80 and standard deviation of 10.18 and female students having mean score of 75.42 with standard deviation of 7.92.

Table 2: Table showing Descriptive Analyses of Smartphone Addiction study.

Unit	Male	Female	Total
Mean	80	75.42	77.9
Standard Deviation	10.18	7.92	9.36

Table 3 showing descriptive statistics for male students according to the study variables viz, Smartphone dependency, Health Apps, Communication Apps, Entertainment Apps, Shopping Apps and Education Apps. Items covering Smartphone dependency are 10 with Matrix scoring system leading to the maximum score of 46. Mean score of male is 26.96 with Standard deviation of 3.57. Health Apps items are 3 with maximum score of 13. Mean score on health variable is 8.38 with standard deviation of 2.09. Items on communication and dating apps are 6 with maximum score of 25. Average score of male students 15.38 with SD of 2.69. Entertainment Apps items are 2 with maximum score of 10. Mean of items covering Entertainment apps are 6.28 with SD of 1.84. Items on Shopping Apps are 5 with maximum score of 25. Mean score is 16.26 with SD of 2.08 Items covering education Apps are 4 with maximum score of 8. Average score male students getting on this variable is 3.54 with SD of 1.47.

Table 3: Table showing descriptive analyses according to the study variables among Male.

Unit	Smartphone Dependency	Health Apps	Communication Apps	Entertainment Apps	Shopping Apps	Education Apps
Mean	26.96	8.38	15.38	6.28	16.26	3.54
Standard Deviation	3.57	2.09	2.69	1.84	2.08	1.47

Table 4 showing descriptive statistics for study variables of Female students. Items covering Smartphone dependency are 10 with Matrix scoring system leading to the maximum score of 46. Mean score of female is 25.92 with Standard deviation of 2.26. Health Apps items are 3 with maximum score of 13. Mean score on health variable is 7.78 with standard deviation of 1.89. Items on communication and dating apps are 6 with maximum score of 25. Average score of female students 13.94 with SD of 2.49. Entertainment Apps items are 2 with maximum score of 10. Mean of items covering Entertainment apps are 6.42 with SD of 1.45. Items on Shopping Apps are 5 with maximum score of 25. Mean score is 15.5 with SD of 2.30 Items covering education Apps are 4 with maximum score of 8. Average score female students getting on this variable is 3.66 with SD of 1.50.

Table 4: Table showing descriptive analyses according to the study variables among Female.

Unit	Smartphone Dependency	Health Apps	Communication Apps	Entertainment Apps	Shopping Apps	Education Apps
Mean	25.92	7.78	13.94	6.42	15.5	3.66
Standard Deviation	2.26	1.89	2.49	1.45	2.30	1.50

Differences between male students and female students

Table 5 showing T-test statistics to assess and compare gender difference between scores of Male and Female students. Because the absolute value of the T-stat is greater than t critical two tail as well as t critical one tail or because the probability that the null hypothesis is true is smaller than alpha therefore, we can reject the null hypothesis that there is no statistical difference between the two dataset and it is proved that there is significant difference between male and female scores on test.

Table 5: Table showing T-test between scores of male and female.

Unit	Male	Female
Mean	80	75.42857143
Variance	103.7916667	62.875
Observations	49	49
Hypothesized Mean Difference	0	
df	91	
t Stat	2.478709342	
P(T<=t) one-tail	0.007514448	
t Critical one-tail	1.661771156	
P(T<=t) two-tail	0.015028896	
t Critical two-tail	1.98637711	

DISCUSSION

The current study focused on gaining insight into how excessive use of Smartphone relates to changing dynamics of human behavior as well as uncovering the psychological variables that might be responsible for the dependency to the Smartphone apps usage. Our hypothesis were partially supported as results revealed that 45 male students comes under high level of addiction and 39 female are there in this category which indicates that male are more prone to Smartphone addiction but contrary to this only 5 male are there in moderate level but female are more (11) than male which is showing female are also in high verge of getting addicted to Smartphone. Mean of male (80) is more than female mean (75.4) which is also showing significant difference in both mean and proving that male are more on risk than female. As per the study variables, Health apps mean for male (8.38) is more than female (7.78) mean score. Communication apps mean score for male is 15.3 which greater than female mean score 13.9. Entertainment app score for male and female students are 6.28 and 6.42 respectively. Mean score on shopping apps is more in male that is 16.26 than female (15.5). Interestingly education apps score for female students (3.66) is more than male students (3.54). Theoretically explanations for the obtained results present an interesting dynamics of apps dependency among engineering students. As obviously seen, male students score significantly more on holistic Smartphone dependency; also there mean score for sub variables for Health, Communication and Shopping Apps was slightly more than the female students. Only for education apps and entertainment apps the mean score of female students was slightly greater than the mean score of male engineering students. The study finding though focused on the gender difference with reference to Smartphone dependency, overall picture project an alarming condition among the students. The cluster dynamics ranging from Entertainment, Communication and Health project strong interpersonal and bilateral relationship but in the present case it was seen that the propensity of using Smartphone apps among the engineering students has changed the behavioral dynamics. These students preferred to use customized Apps which are easily available on their Smartphone and thus substitute the cardinal basic need of interaction. Even for mundane communication, information sharing about academic projects or for sharing advanced academic research assignments, students were found to use Whatsapp and Facebook Messenger, though the physical proximity among the hostel inmates had easily made it possible to connect but its seen than traditional person to person contact has taken over the new form of communication were customized need based apps satisfies the given need or desire. Interestingly it was seen than for health related Apps, students were significantly relying on it rather than horning of outdoor expertise, participation in game and sports and sweating out in the gym. The finding of the present paper also indicates the significant use of communication app among the male student compare to the female students. It was observed in the present study that average engineering male student is member of more than 15 whatsapp group. These groups ranging from parents, relatives, classmate and school buddies, immediate senior, club members, project partners and hostel inmates. Also it was found that male students forward more whatsapp messages instead of exchanging information on trivial pleasantries. Whereas when the female students were asked to elaborate their Smartphone usage,

majority of the girls opined that they watch Ted videos, Youtube, listen to music even when they are studying it was further found that propensity to change Dp's on Whatsapp , Facebook and Instagram was more among the female engineering students. If we consider shopping paradigm, test findings are contrary to real life experiences as female having high tendency to roam around markets, roadside accessories vendors, shopping malls in real life but when it comes to virtual life findings showing male use more shopping apps. Shopping might not be exclusively related to apparel, fashion accessories and clothing it depends on gender on their choices of shopping. Male are fonder of books, electronics appliances, gadgets, laptops, androids, numerous technical devices. Female shopping is restricted to fashion accessories, clothing, footwear, bags and so on. Online shopping apps are more utilized by male students to fulfill their desire of buying vibrant technical and electronics devices. Findings also discovered that Smartphone addiction seems to serve as an impediment to undergraduates' academic performance. Although we do not advocate for the ban of the use of Smartphone on campus given that it could also facilitate learning if used for learning purposes, we however concur with Levine et al. (2007) by urging Smartphone users not to use such phones exclusively for leisure purposes on campus because it can be distractive to learning. Thus, school management could prevent or minimize the negative impact of Smartphone addiction on their students by taking proactive steps at preventing or minimizing the occurrence of Smartphone addiction through sensitization program on the dangers of being addicted to their Smartphone.

CONCLUSION

The present study tries to study the impact of various apps among engineering students with reference to health, education, shopping entertainment and communication apps. The study explores the dynamics of dependency on apps and Smartphone addiction. The study was guided by general survey on the screening of Smartphone addicts as well as their propensity to use various types of Apps .we found that male students are more prone to Smartphone addicts compare to female students. Female students also equally posing risk increasing in utilization of Smartphone in near future. Nevertheless its observed that utilization and dependency to use Smartphone apps is more in male than female like health, communication, shopping apps nonetheless female use education app more than male.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Clinical Profile of Children with Intellectual Developmental Disorder Institution Based Cross Sectional Study

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ABSTRACT

Background : Intellectual Developmental Disorder (IDD) has overall prevalence of 1-3% in the global scenario. It also produces psychological, social and financial distress to the whole family and society, and the chance of co-morbid psychiatric disorders are high. This study aimed to assess the socio demographic profile of children with IDD, clinical profile, social maturity quotient, extent of medical and psychiatric co morbidities like neuromotor impairment, autism spectrum disorders, attention deficit hyperactivity disorder, and to compare these children based on age and sex to see whether there is any difference in manifestations between child and adolescent group and to understand burden of behavioural problems in these children. **Materials and methods:** By descriptive research methodology, sample of 100 children with intellectual disability attending a special school in Calicut, Kerala evaluated using a specially designed proforma, written informant consent, questionnaire to be filled by parents, INCLIN diagnostic tool for neuro motor impairment, INCLIN diagnostic tool for autism spectrum disorders, INCLIN diagnostic tool for ADHD, AAMD adaptive behavioural scale revised, VINELANDS social maturity scale. Data analysed with appropriate statistical tests and results obtained were interpreted accordingly. **Results:** Prevalence of IDD was more in males. Mean social quotient observed was 48.79+16.79. Developmental delay in all spheres of development was reported in 96 percent of sample population. Family history of IDD was reported in 20 percent of sample. Most common medical co morbidity noted was seizure disorder. Psychiatric co morbidities were less reported in children with Down syndrome. Increased chance of neuromotor impairment was found in children with family history of IDD. Children with comorbid medical disorders were found to have increased chance of neuromotor impairment. Pervasive developmental disorders and ADHD was reported. Odd behaviour was the most common behavioural problem reported.

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Conclusions: Detailed study of clinical profile of children with IDD has implications in early identification, intervention, management and prevention of same.

Keywords: *Mental Retardation, Intellectual Developmental Disorder, Clinical Profile, Co Morbidity.*

Mental retardation (MR)] according to the World Health Organization has overall prevalence of 1-3% in the global scenario¹. MR produces psychological, social and financial distress to the whole family, particularly parents, as they are usually the only constant caretakers. In Diagnostic and statistical Manual of Mental disorder (DSM 5), the diagnosis of mental retardation is revised from DSM IV, now called as intellectual disability or developmental disorder(IDD)². This significant change addresses its impact on a person's functioning and criteria improvements to encourage more comprehensive patient assessment. Intellectual disability involves impairments of general mental abilities that impact adaptive functioning in three domains conceptual, social and practical. From Indian side it is generally considered that 2% of the Indian population constitutes persons with mental retardation and its prevalence varies from 0.22 to 32.7% per thousand populations^{3, 4}.

The term clinical is usually used in relation to or based on work done with real patients, where as clinical profile denotes valid and reliable clinical interviews done by investigators on an area of medical research. IDD is considered chronic and often co-occurs with other mental conditions like depression, attention-deficit/hyperactivity disorder, and autism spectrum disorder. They can develop any neuropsychiatric disorder present in persons of normal intellect. The frequency and type of psychiatric or behavioural disorders varies according to the severity of intellectual disability, as well as a variety of other condition, including medical problems, environmental changes and circumstances^{5, 6}. Epidemiological studies of psychiatric disorders in individuals with intellectual disabilities revealed higher rates of psychiatric disorders in children with versus those without intellectual disability, and higher rates in children and adult with more severe forms of intellectual disability versus those with milder forms⁷. Other studies have shown that the developmental course of psychopathology is similar from ages 6 to 18 years for children with and without intellectual disabilities⁸.

Intellectual disability has a varied phenomenology in different parts of world and often the diagnosis and treatment of neuropsychiatric disorders in individual with intellectual developmental disorder has been a neglected aspect. There are limited published studies on clinical profile of children with intellectual disabilities. Again institution based studies where severely retarded children are seen is relatively less. Considering all above aspects this study aimed to study the clinical profile of children with intellectual developmental disorder and to study co morbid neuropsychiatric disorders in these children and compare these children with

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respect to age and other parameters. We also aimed to understand the burden of behavioural problems and social maturity level of these children.

METHODS

This is an institution based cross sectional study of children and adolescents with IDD, conducted during a period of 9 months from April 2015-December 2015. Data was collected after institutional research committee approval of the institute where the principal investigator is working at present. Children between the ages of 6-18 years studying in special schools were recruited for the study. Children with intellectual developmental disorder were randomly selected with a sample size of 100 (4pq/d²; considering p as 53% and fixing d -20 the sample size is 58. Data were collected from 100 children in a special school. Study was conducted in an institution where these children were studying for training and education after diagnosis of IDD from clinical experts and psychological assessment in various treatment centres in Calicut district. Children and adolescents attending these school were assessed clinically and diagnosis was confirmed by investigator considering DSM-5 criteria for intellectual developmental disorders (who is a psychiatrist working in the field of child and adolescent psychiatry) and thus were included in the study. The children who satisfied the inclusion and exclusion criteria listed below were included in the study.

Inclusion Criteria

1. Diagnosis of Intellectual Developmental Disorder as per Diagnostic and Statistical Manual of Mental Disorders –5 (DSM-5)
2. Chronological age between 6-18 years
3. Both sexes
4. Availability of at least one parent/teacher/primary care-giver who has been in close contact with the child in the past 6 months.
5. Willingness to participate documented through written informed consent.

Exclusion Criteria

Children from who informed consent could not be obtained.

Tools:

1. Questionnaire to be filled by parents with detailed family history, developmental milestones (gross motor, fine motor, social, cognitive and language), history of physical problems (seizures, hearing/visual impairment, gait problems, weakness etc).
2. Clinical profile sheet - Family History: Type, Family size, 3 generation genogram; living arrangement; history of psychiatric illness in family(affective, non-affective, anxiety, tic, substance use, seizures, mental retardation, ADHD) Personal history (prenatal, perinatal, postnatal); Developmental history (milestones); Schooling History (normal/special/ not

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going/ dropped out), school refusal; Sexual history; Temperament (easy, slow to warm up, difficult); Past history (trauma, head injury, infections, drug exposure) ; co-morbid medical diagnosis.

The following scales were administered by the investigator.

3. AAMD Adaptive Behaviour Scale- Revised (ABS-R) (Part II) (modified)
4. Vineland Social Maturity Scale (VSMS)
5. International Clinical Epidemiological Network diagnostic tool for neuromotor impairments for primary physicians (INCLIN-NMI)
6. INCLIN Diagnostic tool for AUTISM SPECTRUM DISORDERS (INCLIN-ASD)
7. INCLIN Diagnostic tool for ADHD

Procedure:

Step 1: Patient Recruitment Procedure

Children were recruited for the study, from the special school, after being diagnosed to have Intellectual developmental Disorder (IDD) by principal investigator . Informed consent from the parent or guardian and assent where applicable, from the child were obtained before the child was recruited in to the study. Informed consent and assent was obtained in a language well understood by the parent/guardian and the child. Informed consent was also taken from the parents to interview the teacher.

Step 2: Detailed History Collection

The Socio-demographic details and the clinical profile of the child were assessed by the principal investigator.

Step 3: Establishment of diagnosis and co morbidity

The AAMD-Behavioural scale was administered to the child to establish the behavioural problems in these children. VSMS was administered to assess the social age of the child. INCLIN- ASD tool was administered if the child has co morbid pervasive developmental disorder clinically.

Step 4: Assessment of ADHD

If hyperactivity and inattentive symptoms were found in AAMD scale then INCLIN- ADHD tool was administered to assess whether they had the diagnostic criteria of ADHD and also whether it is only inattention, only hyperactivity/impulsiveness or combined type

Step 5: Assessment of co morbid neuromotor impairment

Assessment of neuromotor impairment was done using INCLIN NMI tool and assessed if they had cerebral palsy, upper or lower motor neuron disease findings.

Step 6: Statistical analysis

The data was tabulated and evaluated using the Statistical Package for Social Sciences (SPSS Version 17.0). Descriptive statistics were used for preliminary analysis. Mean and Standard deviation were used to describe continuous variables and proportions for categorical

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variables. Chi-square test was used to check association between variables. Odds ratio, likelihood ratio and 95% confidence interval were calculated and a P value of <0.05 was taken as significant. There were 100 subjects from whom all baseline history and assessments were obtained including socio-demographic details, clinical variables, and scores from various rating scales.

RESULTS

This institution based cross sectional study was aimed to outline the clinical profile of children with intellectual developmental disorder and to study co morbid neuropsychiatric disorders in these children.

The mean age of the study population is 11.5 yrs with a standard deviation of 3.4. In the study population 42% were boys and 17% were girls belonging to the age group of 6 – 12 yrs. Among children in the age group 13 – 18 yrs, 26 were boys and 15 were girls.

Table 1 shows the socio demographic profile of the study population.

Table 2 describes the family history of mental illness

Table 3 depicts the history of certain relevant characteristics

Table 4 represents the co morbid medical conditions

Table 5 describes the Social Quotient classification

Most common medical co morbidity was seizures. There is no notable increase in the number of children with physical problems among those with history of Post natal distress or LBW. No notable increase of medical co morbidity in children with psychiatric morbidities.

According to VINELANDS SOCIAL MATURITY SCALE, 27% of children had social maturity age level of 4 to 5 years. Corresponding social scores were taken and social quotients were calculated. Mean SQ was 48.79 with a SD of 16.89. Gender and Vineland Social Scales show a significant association. Chi- square value – 16.689 (df - 7), p-value – < 0.02 . ie females were found to have statistically significant increase in social score values when compared to male children.

Clinical features (CF) of Down's syndrome were present in 19 percent in the population. Children with Downs have a lesser incidence of ADHD and Autism and the finding is statistically significant (p value 0.02.) Children with history of low birth weight (LBW) have higher odds of having CF of Down's syndrome when compared with children who do not have a history of low birth weight. Chi-square value –4.321, p-value 0.038. OR –2.995(1.034, 8.673).

Table no.6 describes the characteristics of children with clinical features of Down's syndrome. Cerebral palsy was present in 12% of the sample. Significant association between family history and NMI scale noted. Chi- square value – 58.14 (df - 9), p-value – < 0.001 .

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Pervasive developmental disorder not otherwise specified was the most common autism spectrum disorder and it was present in 20% of the sample population. No association between other variables and INCLIN TOOL FOR ASD could be found.

ADHD was reported in 26 % of the population. There is significant association between ADHD and increasing severity of intellectual disability according to the SQ. No association between other morbidities and increasing severity of intellectual disability. As behavioural problems are common in children with intellectual disability AAMD scale sub scores were used to identify behavioural problems in the sample. Odd behaviour was most common behavioural problem reported with 38% of sample population having it. Stereotyped behaviour was second common with 37% and followed by violent behaviour towards others (26%). Antisocial behaviour was not reported in these children. Complaints regarding sleep was not described probably because the study is institution based. Disruptive behaviour was noted in 11% of the children. In those children with family history of IDD 30% had disruptive behaviour and the finding was statistically significant. Self injurious behaviour reported in our study is in 18%. There was statistical association between low birth weight and stereotyped behavior. Withdrawal behaviour was seen in 19%. Rebellious behaviour in 19%. Hyperactive behaviour in 25%. Significant association between relevant family history and disruptive behavior seen. In those with a family history of MR, 30% showed disruptive behavior. Chi- square value – 9.5 (df - 3), p-value – < 0.02. Significant association between history of LBW and stereotyped behavior was present. 32% have h/o LBW among those with stereotyped behavior. Chi- square value – 5.0 (df - 1), p-value – < 0.02. Significant association between lack of sense of danger and gender was present. Among those with somewhat abnormal lack of sense of danger, 58% are females. Chi- square value – 6.7 (df - 1), p-value – < 0.009. Significant association between lack of sense of danger and relevant family history found. Among those with lack of sense of danger, 52% have a family history of either MR or psychiatric disease. Chi- square value – 13.3 (df - 3), p-value – < 0.004. Significant association between tendency for wandering off and relevant Family history. Among them with tendency for wandering off, 40% have a Family history of either MR or psychiatric disease. Chi- square value – 12.4 (df - 3), p-value – < 0.006.

Analysis of the age categories showed no significance although it was noted that the numbers are more in the lower age group for all behaviors except rebellious behavior and tendency to wander off.

DISCUSSION

68% of sample population in this study were males and 32% were females. 59% of the sample population were in the age group between 6 to 12 years. 41% belonged to the adolescent group of 13 to 18 years. Out of 32% of females in total 15% were adolescent females. Mean age in the study was 11.5+3.4. In a study done by Christoday⁹ et al in patients attending the child

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psychiatric unit (CPU.) of the Central Institute of Psychiatry (C.I.P) over a one year period in 1998 showed 68.33% patients were males and 31.67% patients were females. And the mean age of the patients were 10.62 ± 3.67 . Across the globe the prevalence of intellectual developmental disorder is 1% and is seen that it is 1.5 times more in males. Our study also reports increased prevalence in males. In a study done by Jyothy prakash¹⁰ et al in 2007 among children. in the age group of 6 to 14 years 70% were in the age group of 6 -11 years. Bhatia¹¹ et al in their study in 2014 in a general hospital psychiatric unit reported 43.4% of children in the age group of less than 12 years. This is a promising finding because children with intellectual disability as we know needs early intervention and training for maximum improvement and so increasing number trend in the child group in such special schools are really promising signs. Children from Hindu population belonged to 59% of sample population, study by Jyothi prakash et al in 2007 also reported Religion wise distribution reflecting more of the children to be Hindus. Family history of IDD was reported in 20% and family history of psychiatric illness in 7%. In a study by Amit nagarkar¹² et al family history of MR was present evident in 3.3%.this results points to the importance of assessing the family history and genetic vulnerability in children with IDD which in turn has implications in genetic counselling, early identification and prevention of neurodevelopmental disorders. Also we need further studies in this area with normal control group to check the statistical significance of such important findings.

In the present study developmental delay was reported in 96% of the population, study by Amit nagarkar et al reports 86.7% patients had a delay in achieving sensory milestones and 76.7% patients reported delay in achieving motor milestones. This finding is important because early identification of intellectually disabled children is possible by regular monitoring for growth and development in all spheres of gross motor, fine motor, social, cognitive and language areas. Low birth weight was reported in 47 % of the sample population and post natal distress was reported in 40% of these children. Study by Vyunkuntaraju K. Gowda¹³ et al in 2015 observed in children with cerebral palsy and intellectual disability 30% had low birth weight and 43% of children had post natal asphyxia and complaints. We need comparison with controls for this important finding because while focusing on the preventive aspects we can work through adequate antenatal care, nutrition of mothers and improve perinatal quality of care. Mean social quotient observed in this study was 48.79 ± 16.9 . 39% of the children belonged to mild IDD, 25% belonged to moderate IDD and 21% severe IDD. In the study done by Amit Nagarkar et al in a sample of 60 patients mean IQ observed was 53. Severity of retardation in patients was assessed using grades of intelligence and was found that More than half, i.e. 58% of the patients had mild MR, while 30% had moderate MR and severe retardation was evident in around 12% of the patients. This shows overall increased prevalence of mild IDD among the severity level of IDD. Among the medical co morbidities seizure disorder was most common with 31% having seizures at least once in life time. Epilepsy was the commonest medical illness; seen in 61.90% of the patients in the study done by christoday et al in 1998. Epilepsy had been reported to be common among the retarded,

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especially the severely retarded in another study by Corbett et al¹⁴, 1975. An explanation for this could be the fact that patients with medical illness might have suffered from a cerebral damage which was responsible for the retardation. In a study by Ram lakan¹⁵ et al in 2013 demonstrated that lower IQ scores are correlated with epilepsy in children with ID. The study also reported that in Children with ID those had family history of mental illness, mental retardation and epilepsy showed higher chances of having epilepsy. Our study could not obtain significant association between seizure disorder and relevant family history, also no association between severity of IDD and seizure disorder could be elicited.

Down's syndrome clinical features were seen in 19 percent of the sample population. Down's syndrome is the most common chromosomal abnormality leading to IDD. Hence this finding has importance. It was also noted that psychiatric morbidities are less reported in this children and this finding is statistically significant. King¹⁶ et al reported commonly noted behavioural problems in children with Down's syndrome include attention difficulties, impulsivity, hyperactivity, occasional aggression. No significance could be observed with respect to sex, religion and age groups. Children with Down syndrome were found to have low birth weight and the finding was statistically significant. This finding was reported by Martin BA¹⁷ et al in their study. Cerebral palsy (CP) was reported in 12 % of sample population. Vykuntaraja gowda et al in their study in 2015 reported after studying all children presenting with clinical features suggestive of CP to the neuro developmental clinic at Indira Gandhi Institute of Child Health over a period of 1- year (January 2012 to January 2013) reported that Intellectual sub- normality (IQ <70) was observed in 55% of cases. Other co- morbidities observed by him were speech abnormalities in 38%, visual problems in 26% (strabismus, nystagmus, cataract, amblyopia, and cortical blindness) , hearing impairment in 11%(sensory neural hearing loss) Hence our study finding is important and we need further studies in this area with control group. There was significant association between family history of mental retardation and neuromotor impairment scale. Family history of cerebral palsy was considered in the study done by vykuntaraja et al in the sample population of cerebral palsy children. But considering the onset and clinical presentation of neurodevelopmental disorders and genetic susceptibility we need further researches in this area.

Pervasive developmental disorders were reported in 20% of sample population. We know that pervasive developmental disorders are a group of clinical syndromes that present as developmental delay and deviant behaviours. Levental¹⁸ in their study in 1998 reported only 20 to 30% of autistic children have IQ 70 or more. Hence our findings also are important and we need systematic assessment and intervention in these children with both autistic spectrum disorders and intellectual disability because they add to each other in terms of morbidity and quality of life of the child.

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ADHD was reported in 26% of sample population. There was significant association between increasing severity of intellectual disability and ADHD. The prevalence of ADHD in children with mental retardation was found to be 8-19% in a study by santhosh¹⁹ et al in 1999. In the study by Jyothi prakash et al in 2007 it was observed that as severity of IDD increases the chances of behavioural problems increase.

Ram lakhan et al in their study on mentally retarded children reported Violent and destructive behaviour in 56.7%. Temper tantrums 69.2% Misbehaves with others 26.9% Self-injurious behaviour 25.9% Repetitive behaviour 25.9% Odd behaviour 32.7% Hyperactivity 20.2% Rebellious behaviour 15.4%, Antisocial behaviour 15%. Jyothi Prakash et al in their study in 2007 in mentally retarded children with CBCL scale reported that Common behaviour problems were impulsive or acts without thinking', 'cannot concentrate' & 'sudden changes in mood or feelings'. This shows the importance of detailed assessment of behavioural problems in these children as we have done earlier for early identification and intervention of same.

STRENGTHS AND LIMITATIONS

This research will serve as an important contribution to the field of child behaviour and would encourage further research in this area. Also institution based studies are scarce in this area. Wide representation of sample population and good sample size makes our conclusions valid. However there are few limitations because there is no comparison group. Hence assessing the statistical significance of variables involved is not possible. Also the study design was cross sectional, several prospective studies will be required to confirm whether the study results can be generalised.

CONCLUSION

We do know that diagnosis and treatment of medical and behavioural problems in children with IDD is a long neglected aspect of practise of psychiatry. In fact we now know that these individuals experience same range of medical and psychological problems like others. The prevalence may be several times higher than that of people with no significant deficit in cognitive ability and adaptive function. A complete and competent evaluation of these children is the need of the hour.

When awareness regarding early detection and intervention improves we can hope to get better results. This study highlights the importance of eliciting family history and genetic vulnerability where by which we can improve detection and treatment. We need further studies in this area with control group so that we can incorporate genetic counselling and other preventive strategies. Defining and diagnosing psychiatric disorders in these children is a long standing challenge. An assessment based on intellectual age rather than chronological age is needed and the possibility of differing expressions of subjective emotional content in these children with limited repertoire

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of such expressions must be considered. The presence of behavioural issues underscores the vital nature of psychiatric involvement as a multidisciplinary team in assessment and intervention of children with IDD.

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Conflict of Interests

The author declared no conflict of interests.

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TABLES

Table 1 : Socio demographic Characteristics of the Study Population

Characteristic		Frequency	Percentage
Gender	Female	32	32
	Male	68	68
Age	6 – 12 Yrs	59	59
	13 -18 Yrs	41	41
Religion	Christian	5	5
	Hindu	59	59
	Muslim	36	36
No family history of psychiatric illness		72	72
No history of co – morbid medical conditions		55	55

Table No 2: Family History of Psychiatric Illness in the Sample

Variables	Frequency	Percentage (%)
No Family History	72	72
Family H/O Mr	20	20
Family H/O Mr & Psychiatric Problems	1	1

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Variables	Frequency	Percentage (%)
Psychiatric Problems	7	7
Total	100	100

Table No.3: History of Relevant Characteristics in the Sample

Characteristic		Frequency	Percentage (%)
History of post natal distress	Absent	60	60
	Present	40	40
History of Low Birth Weight	Absent	53	53
	Present	47	47
History of Developmental Delay	Absent	4	4
	Present	96	96

Table No.4: History Of Co Morbid Medical Conditions In Sample

Variables	Frequency	Percentage (%)
Nil	55	55
Seizures	31	31
Seizures, Visual Impairment	3	3
Seizure, Others	3	3
Hearing Impairment	1	1
Hearing Impairment, Visual Impairment	1	1
Visual Impairment	3	3
Visual Impairment, Others	1	1
Others	2	2
Total	100	100

Table No.5: Social Quotients Of Sample based On Severity Of Intellectual Disability

50-69 (Mild IDD)	39
35-49 (Mod IDD)	25
20-34 (Severe IDD)	21
<20 (Profound)	1

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Table no.6 Factors associated with Down's Syndrome

Characteristic		Clinical features of Down's syndrome present[19]	Clinical features of Down's syndrome absent [81]	p- value
1. Gender	Female	6	26	0.965
	Male	13	55	
2. Age groups	6 -12 yrs	12	44	0.485
	13 – 18 yrs	7	37	
3. History of Low Birth Weight	Absent	6	47	0.038 OR 2.995 (1.034, 8.673)
	Present	13	34	
4. Religion	Christian	2	3	0.450
	Hindu	10	49	
	Muslim	7	29	

Table no.7 Behavioural problems in the study population based on AAMD score

Behavioural problems	Percentage (%)
1. Odd behaviour	38
2. Stereotyped behaviour	37%
3. Violent behaviour towards others	26
4. Self injurious behaviour	18
5. Disruptive behaviour	11
6. Hyperactive	25
7. Withdrawal	19
8. Rebellious	19

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A Study of Effectiveness of Transportation/Escorts Facility on Academic Achievement of the Students

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ABSTRACT

The RTE Act requires barrier free access to schools. Barrier free access could mean, at one level, access without any natural/physical barriers. The State will have to make appropriate provisions to ensure access to schooling to such children either by opening a school in the habitation or providing escort and safe transportation facilities to the school, or by any other means. Sarva Shiksha Abhiyan (SSA) aimed to provide Free and Compulsory Education to all the children of 6 to 14 years age group. But many children stay in quite remote and interior areas where schools are not available and/or can't be opened too. Hence, in order to bring these children to schools, SSA has started to provide transportation/ escort facility. Approximately 50,000 children have been benefited with this facility. The present study is a need based research project sponsored by SSA to study the Transportation and Escort Facility (T & EF) operated by SSA in Gujarat, in the context of the beneficiary students' academic achievement, with the help of the 30 Field Investigators, using self prepared research tools and the Survey method of research the required data was collected from teachers and principals.

Keywords: *Sarva Shiksha Abhiyan (SSA), Transportation and Escort Facility (T & EF), Need Based Research Project, Academic Achievement*

The RTE Act requires barrier free access to schools. Barrier free access could mean, at one level, access without any natural/physical barriers. The State will have to make appropriate provisions to ensure access to schooling to such children either by opening a school in the habitation or providing escort and safe transportation facilities to the school, or by any other means. There are constant efforts made by Sarva Shiksha Abhiyan to spread the scope and improve the quality of Primary education in Gujarat. Under this mission the Transportation and Escort Facility (T & EF) was started for the students studying in the primary schools from the academic year 2012 – 13, under which the Transportation or Escort Facility is provided freely to

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the students who are coming to school from faraway places. The present study is a Need Based Study to assess the effectiveness of this facility initiated by SSA.

SSA aimed to provide *Free and Compulsory* Education to all the children of 6 to 14 years age group. But many children stay in quite *remote and interior* areas where schools are not available and/or can't be opened too. Hence, in order to bring these children to schools, SSA has started to provide transportation/ escort facility. Approximately 50,000 children have been benefited with this facility. Crores of rupees are invested to provide this facility. Now in order to *assess* its performance this study has been proposed to study the effectiveness of transportation/escort facility with respect to certain variables sensitive to it.

In the present study from all the 26 districts of Gujarat state, in the four identified districts by the SSA i.e., - Ahmedabad Municipal Corporation, Sabarkantha, Junagadh and Panchmahal, the effectiveness this functional facility of Transportation and escort was studied in the context of the beneficiary students' academic achievement, for which with the help of the 30 Field Investigators, using self prepared research tools, using the Survey method of research the required data was collected from teachers and principals and in this way, an attempt was made to assess the effectiveness of the Transportation and Escort Facility (T & EF) provided by SSA.

Thus the present study, "A Study of Effectiveness of Transportation/Escorts Facility on Academic Achievement of the Students" is an honest attempt to study the Transportation and Escort Facility (T & EF) operated by SSA in Gujarat.

Objective:

1. To study standard wise the impact of transportation/escort facility on Academic Achievement of students.

Research Question:

2. Whether the Academic Achievement of students has been affected positively after providing transportation/escort facilities?

METHODOLOGY

Population:

All the students of Gujarat State who have been benefited by this facility are the population of this study. There are 4 districts identified from the SSA in which this study was to be conducted. The below given table describes the detail of the name of these four districts, total number of schools under SSA which are getting advantage of this facility and the total number of beneficiary students.

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Table 1: Information about Four Selected Districts

District	Number of Schools	Number of Beneficiary Students
AMC Corporation	92	11842
Sabarkantha	52	2081
Junagadh	123	4720
Panchmahal	282	4584
Total	549	23227

Sample:

Four districts (**AMC corporation, Sabarkantha, Junagadh and Panchmahal**) were selected as per the suggestion of SSA from all beneficiary districts of Gujarat from which 8130 ($\cong 35\%$) students were selected for data collection, the description of which is given in the table given below:

Table 2: Information about the Sample

Stake Holders	Numbers
Schools	317
Beneficiary Students	8130 ($\cong 35\%$)

Data Collection

- 30 field investigators collected the data and research associates verified the data.
- Standard wise achievement of the last semester exams of previous academic year and the achievement of the first semester of the current academic year were collected of the beneficiary school students.

Types of Data:

Quantitative.

Tools of the Study

Information Schedule for Academic Achievement

Sr. No.	Name of Student	Gender	Standard	Result of the First Semester Exam of Current Year (In Percentage)	Result of the Last Year Exams (In Percentage)

♣ Academic achievement of the last semester exams of previous academic year and the achievement of the first semester of the current academic year were collected of the beneficiary school students

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Data Analysis

To study the effect of this facility on the academic achievement of the students, data collected by the Field Investigators was analyzed by using the statistical methods of percentage and average. The objective of the present study was to assess the effect of this facility on the academic achievement of the students who are taking advantage of this facility. To collect information regarding the academic achievement of the student's information schedule was used by which the annual exam result of the last academic year (2011 – 12) and the current academic year (2012 – 13) was collected in percentage of the students who are taking advantage of this facility.

Transportation and Escort Facility (T & EF) was started in the current academic year 2012 – 13 only therefore to assess the effect of this facility on the academic achievement of the students, the last academic year (2011 – 12) annual exam results were compared with the current academic year (2012 – 13) first semester exam results. With the help of the Information Schedule, the information regarding 8130 students who are currently taking advantage of this facility was gathered. But in that data some of the students' achievement was mentioned in grades and information regarding some of the students was incomplete so such students' information was not considered and thus finally 5006 students' information about their academic achievement was collected. On the basis of the collected information of the students' achievement, the comparison of the students, firstly as a whole and secondly standard wise was done simultaneously which is as described below:

Table 3: Sample for Data Analysis

Standard	Boys	Girls	Total
3	282	249	531
4	505	422	927
5	483	474	957
6	478	397	875
7	434	390	824
8	493	399	892
Total	2675	2331	5006

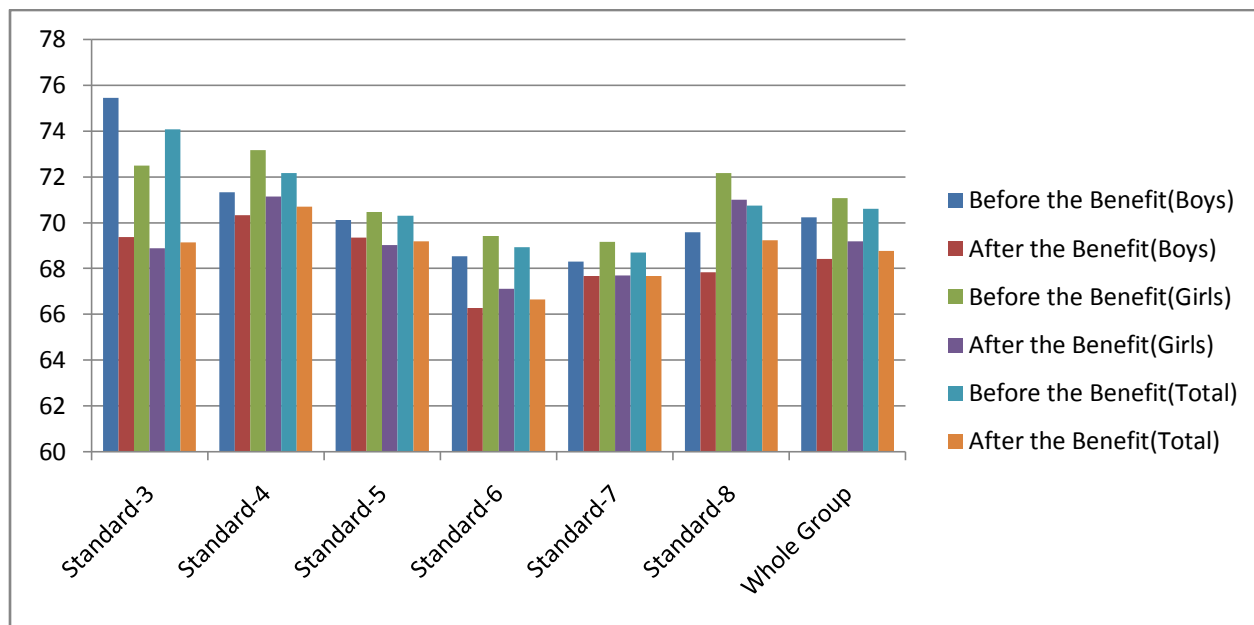
As per the data collection the concerned data was collected from 5006 total students of which there were 2675 boys and 2331 girls. In this whole group there were about 531 total students in Std. – 3 from which there were 282 boys and 249 girls, about 927 total students in Std – 4 from which there were 505 boys and 422 girls, about 957 total students in Std. – 5 from which there were 483 boys and 474 girls, about 875 total students in Std – 6 from which there were 478 boys and 397 girls, about 824 total students in Std. – 7 from which there were 434 boys and 390 girls, about 892 total students in Std – 8 from which there were 493 boys and 399 girls. The information regarding these students' academic achievement in the annual exam result in the last academic year (2011 – 12) and first semester result of current academic year (2012 – 13) was compared with the help of the percentage which is as described below.

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Table 4: Comparison of the Students' Academic Achievement before and After Taking Advantage of the Transportation & Escort Facility

Standard	Status of Child	Boys		Girls		Total Students	
		Number (N)	Average Academic Achievement (%)	Number (N)	Average Academic Achievement (%)	Number (N)	Average Academic Achievement (%)
3	After the Benefit*	282	69.38	249	68.89	531	69.15
	Before the Benefit**	282	75.47	249	72.50	531	74.08
4	After the Benefit*	505	70.34	422	71.16	927	70.71
	Before the Benefit**	505	71.35	422	73.18	927	72.18
5	After the Benefit*	483	69.35	474	69.04	957	69.20
	Before the Benefit**	483	70.13	474	70.49	957	70.31
6	After the Benefit*	478	66.29	397	67.13	875	66.67
	Before the Benefit**	478	68.55	397	69.42	875	68.95
7	After the Benefit*	434	67.69	390	67.70	824	67.69
	Before the Benefit**	434	68.32	390	69.17	824	68.72
8	After the Benefit*	493	67.84	399	71.01	892	69.25
	Before the Benefit**	493	69.60	399	72.18	892	70.75
Whole Group	After the Benefit*	2675	68.44	2331	69.19	5006	68.79
	Before the Benefit**	2675	70.25	2331	71.08	5006	70.63
<p>Note: The academic achievement of the students in the current year and the last year is in different standards because in comparison to the last year each child is in one year upper standard.</p> <p>* First Semester Result of Academic Year 2012 – 13</p> <p>** Annual Exam Result in the Academic Year 2011 – 12</p>							

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Graph 1: Comparison of the Students' Academic Achievement before and After Taking Advantage of the Transportation & Escort Facility

Interpretation:

- By observing the above given Table 4 and the Graph 1, it was found that the students of Std. – 3 had 74.08% academic achievement before getting the advantage of this facility while after getting the advantage of this facility the students are getting 69.15% of academic achievement. Thus, after the beginning of this facility there was very little fall observed in the academic achievement of these students however the fall observed was very less and so which can be considered negligible. In the boys and girls group also there was fall observed in the academic achievement of Std. – 3 students which was not very significant so it can be considered negligible.
- By observing the above given Table 4 and the Graph 1, it was found that the students of Std. – 4 had 72.18% academic achievement before getting the advantage of this facility while after getting the advantage of this facility the students' academic achievement is 70.71%. Thus, after the beginning of this facility there is very little fall observed in the academic achievement of these students however the fall observed is very less and so which can be considered negligible. In the boys and girls group also there is fall observed in the academic achievement of Std. – 4 students which is not very significant so it can be considered negligible.
- By observing the above given Table 4 and the Graph 1, it was found that the students of Std. – 5 had 70.31% academic achievement before getting the advantage of this facility while after getting the advantage of this facility the students were getting 69.20% of academic achievement. Thus, after the beginning of this facility there was very little fall observed in the academic achievement of these students however the fall observed was very less and so which can be considered negligible. In the boys and girls group also there was fall observed in the

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academic achievement of Std. – 5 students which is not very significant so it can be considered negligible.

- By observing the above given Table 4 and the Graph 1, it was found that the students of Std. – 6 had 68.95% academic achievement before getting the advantage of this facility while after getting the advantage of this facility the students are getting 66.67% of academic achievement. Thus, after the beginning of this facility there was very little fall observed in the academic achievement of these students however the fall observed is very less and so it can be considered negligible. In the boys and girls group also there is fall observed in the academic achievement of Std. – 6 students which is not very significant so it can be considered negligible.

- By observing the above given Table 4 and the Graph 1, it was found that the students of Std. – 7 had 68.72% academic achievement before getting the advantage of this facility while after getting the advantage of this facility the students are getting 67.69% of academic achievement. Thus, after the beginning of this facility there is very little fall observed in the academic achievement of these students however the fall observed is very less and so which can be considered negligible. In the boys and girls group also there is fall observed in the academic achievement of Std. – 7 students which is not very significant so it can be considered negligible.

- By observing the above given Table 4 and the Graph 1, it was found that the students of Std. – 8 had 70.75% academic achievement before getting the advantage of this facility while after getting the advantage of this facility the students could score 69.25% of academic achievement. Thus, after the beginning of this facility there is very little fall observed in the academic achievement of these students however the fall observed is very less and so it can be considered negligible. In the boys and girls group also there is fall observed in the academic achievement of Std. – 8 students which is not very significant so it can be considered negligible.

- By observing the above given Table 4 and the Graph 1, it was found that the students of the whole group had 70.25% academic achievement before getting the advantage of this facility while after getting the advantage of this facility the students were getting 68.79% of academic achievement. Thus, after the beginning of this facility there was a little fall observed in the academic achievement of these students. This means that there was no significant difference observed, which is negligible. In the boys and girls group also there was fall observed in the academic achievement of these students which is not very significant so it can be considered negligible.

FINDINGS

- ❖ It had been found that there has been a decrease observed in the academic achievement of the students after getting the Transportation and Escort Facility (T & EF) in all standards and whole group. This decrease is also observed in the boys and girls group as well.

- ❖ By the practical observation and on the basis of the earlier educational surveys, as the students move ahead in the upper standards, there is a continuous decrease observed in their academic achievement.

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- ❖ In the present study also there is a decrease observed in the academic achievement of the students in the current academic year of 2012 – 13 comparison to the last academic year 2011 – 12.
- ❖ Thus it is observed that after getting the Transportation and Escort Facility (T & EF) the educational achievement of the students was found decreasing which is very little and may be due to some other reasons and so it can be considered negligible. This means that there is no increase / raise observed in the academic achievement of the students studying in the primary schools due to the Transportation and Escort Facility (T & EF).

RECOMMENDATIONS

There is no significant positive effective found of this Transportation and Escort Facility on the educational achievement of the students of the primary school children. Therefore efforts should be taken by which positive effect of this facility may arise on the academic achievement of the students.

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Conflict of Interests

The author declared no conflict of interests.

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A Study of Adjustment of Rural and Urban Parents of Children with Mentally Retarded

Dr. S.P. Melkeri^{1*}, Mr. Shivalingaiah. M²

ABSTRACT

To assessed and compared adjustments level of 100(one hundred) rural and 100 urban parents (one hundred) total two hundred parents of children with mentally retarded were assessed in which of the deferent areas of the following Home, Health, Emotional, Social by using the bells adjustment scale. The difference of the rural parents of children with mentally retarded “t” value of 2.60 and urban parents of children with mentally retarded “t” value of 1.59. according to Bells adjustment scale there was a significant deference in health, home, social, and emotional adjustments among the urban and rural parents of children with mentally retarded with a “P” value of <0.01 and 0.10.

Keywords: *Urban Rural Parents, Adjustment Home, Health Emotion Social Mentally Retarded, Good, Average Poor*

This study was undertaken in the interest of doctoral degree perceiving from the Psychology department, Gulbarga University Gulbarga. Subjects to the study on depth view of the specialized in clinical setup to the mental health level in parents of children with mental health problems.

It focused adjustment in different areas is the following:

Adjustment:

Adjustment means regulating, adapting or settling in a variety of contexts has several meanings; many relate to insurance, contracts, or the resolution of disputes in engineering, mathematics, and geodesy, the optimal parameter estimation of a mathematical model so as to best fit a data set In metrology, the set of operations carried out on an instrument in order that it provides given indications corresponding to given values. In psychology, the behavioral process of balancing conflicting needs, or needs against obstacles in the environment. Humans and animals regularly do this, for example, when they are stimulated by their physiological state to seek food,

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they eat (if possible) to reduce their hunger and thus adjust to the hunger stimulus. Occurs when there is an inability to make a normal adjustment to **Home Health Emotion and Social** some need stress in the environment.

Parents:

The relationship between parent and child is of fundamental importance to U.S. society, because it preserves the safety and provides for the nurture of dependent individuals. (Alaimo, Kathleen, et al. 2002) For this reason, the parent-child relationship is given special legal consideration. Increasingly, local, state, and federal governments have become more involved in the relationship, especially when a child is abused or neglected. In addition, parental roles have shifted over time, and the law has moved with these changes. Legal rights that were once the sole province of the father are now shared with the mother, and, in general, the law seeks to treat parents equally.[10,11,16].

Children:

The term child is used in the limited sense to indicate an individual below the age of majority. The more precise word for such an individual is minor, juvenile, or infant. The age of majority, which transforms a child legally into an adult, has traditionally been the age of 21 years. Many states, however, have reduced the age of majority to 18 years.

Parent-Child Relationship:

In its most restricted use, the term parent refers only to a mother or father who is related to the child by blood. (Archard, David. 2003) This definition holds whether the child is legitimate (the natural parents are married to each other) or illegitimate (the parents are not married to each other). As of 2003, as a result of statutes, adoptive parents have the same rights and responsibilities as natural parents. Other persons standing in the place of natural parents, such as stepparents, are not, however, given such extensive rights and responsibilities. Although in some instances foster parents and foster care agencies have the legal responsibility to nurture a minor, they are not entitled to the full status of parent. A child is the issue or offspring of his parents. A posthumous child is one conceived prior to, and born after, the death of his father. Such a child has the same inheritance rights as a child born while his father is alive. A child is not entitled to full legal rights unless the child is born alive. The law does not ordinarily consider a fetus to be a child. [.3, 4,5].

METHODS AND MATERIALS

The following scale was used to assess the adjustment of urban and rural parents of children with mentally retarded in varies areas of the following home health emotions social levels. A semi-structured information interview schedule which includes present, family, personal, educational academics religious mental health history prepared by the researchers was used.

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Mohsin – *Shamshad Adaptation of Bell Adjustment Inventory (1987)*: The inventory consists of 80 items measuring adjustment in four different areas: home, health, social and emotional separately as well as it yields a composite score for overall adjustment.[6,7,8,].

Statistical analysis: Depending on the data collected suitable parametric and Non parametric statistical tests would be used to verify the hypothesis. Students ‘t’ test , mean standard deviation

RESULT ANALYSIS

Table No. 1

B A SCALE	100 RPCMR	100-UPCMR
Total	8045	2649
Mean	157.74	52.45
SD	8.69	3.65
t-score	2.6	1.59
df	98	86
Observation	100	100

The Result shows the total adjustment level of rural and urban parents of children with mentally retarded “t” score is 2.6and 1.59 inrespective.

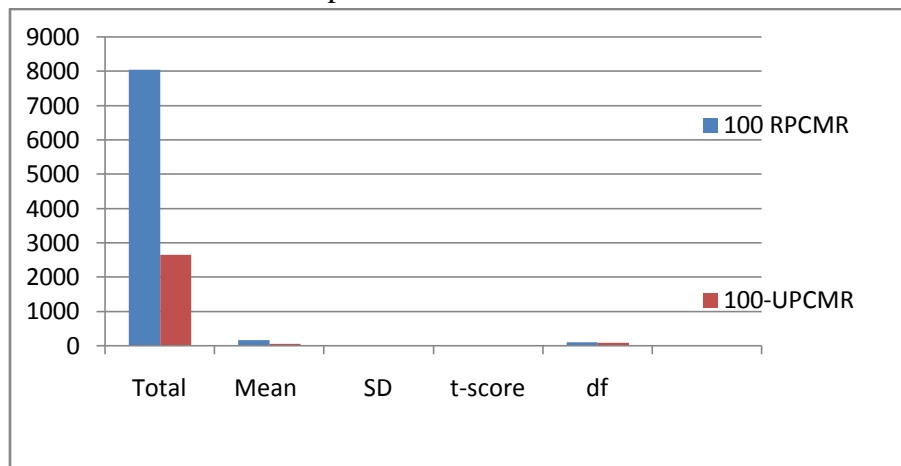


Table NO.2

RPCMR B A S	HOME GOOD	AVERAGE	POOR	TOTAL
Total SCORE	100	205	285	590
MEAN	1.98	4.05	5.7	11.48
SD	0	2.5	7.5	3.33
t value	1	2.5	0	3.5
df				1.5

The result shows the Home adjustment level of rural parents of children with mentally retarded total “t” score is 3.5.

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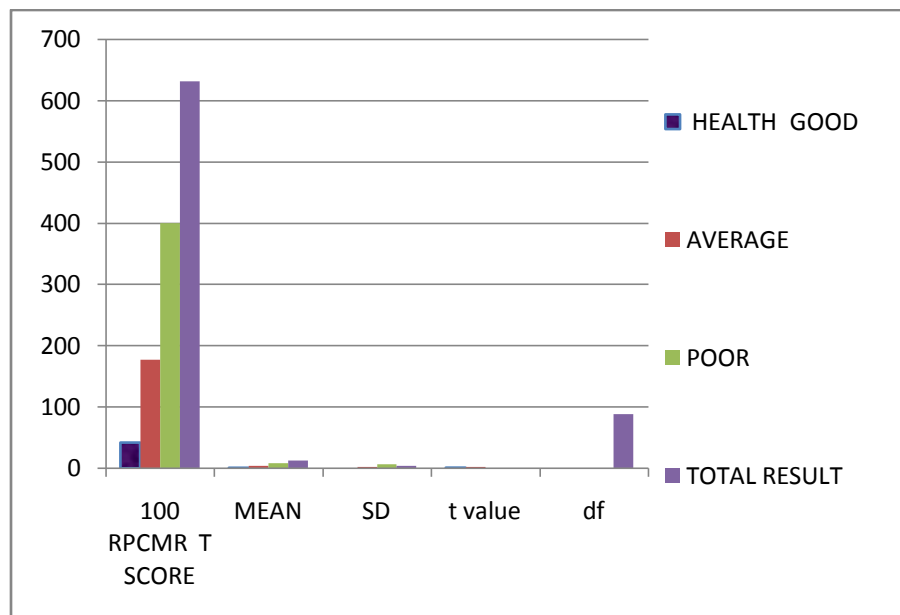
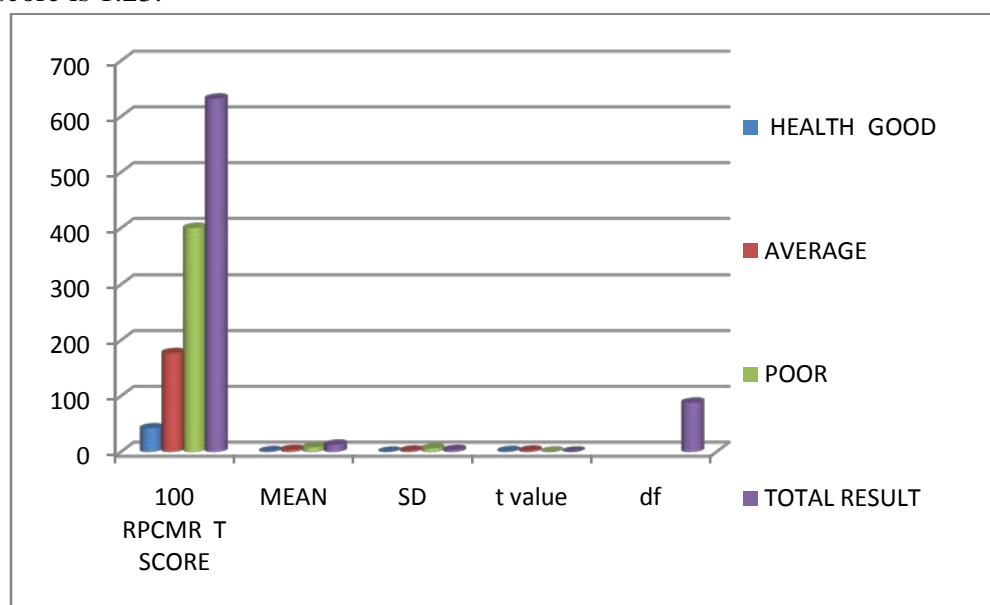


Table No.3

100 -RPCMR	HEALTH GOOD	AVERAGE	POOR	TOTAL
SCORE	56	162	366	584
MEAN	0.90	3.37	7.7	12.03
SD	0.3	1.3	2.56	3.65
t Value	0.2	0.12	1.06	1.23
df				69

The result shows the Health adjustment level of rural parents of children with mentally retarded total “t” score is 1.23.



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Table No: 4

B A S	EMO- GOOD	AVERAGE	POOR	TOTAL
100 RPCMR TOTAL SCORE	103	90	451	644
MEAN	2.03	1.78	8.93	12.75
SD	0	2.5	5.5	10
t value	1.5	2.5	0	3.0
df				88

The result shows the Emotional adjustment level of rural parents of children with mentally retarded total “t” score is 3.0.

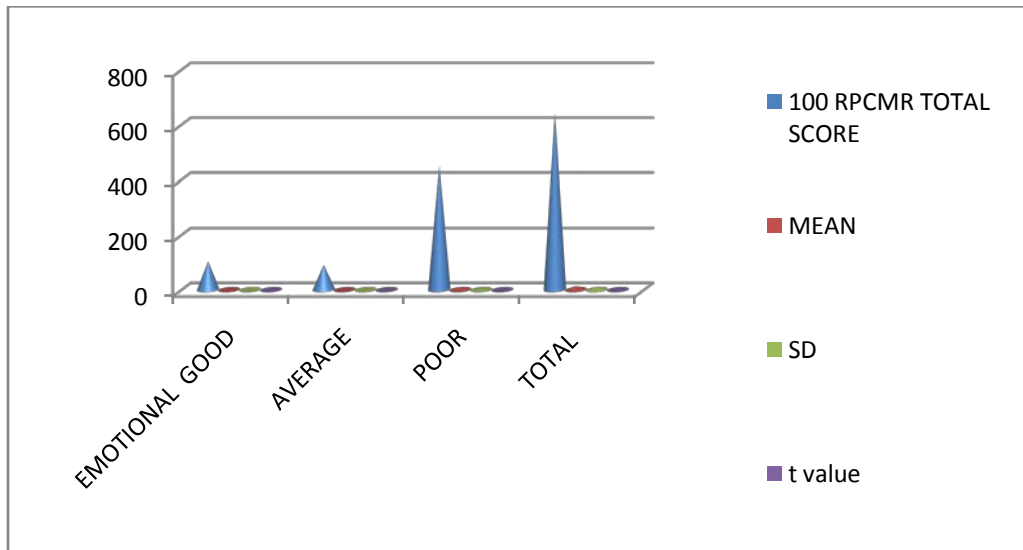


Table No. 5

BAS	SOC GOOD	AVERE	POOR	TOTAL
100RPCMR	138	350	259	747
MEAN	2.73	6.93	5.12	14.79
SD	1.5	2.5	0.05	7.5
T Value	1.5	1.0	0.7	1.02
df				88

The result shows the Social adjustment level of rural parents of children with mentally retarded total “t” score is 1.02.

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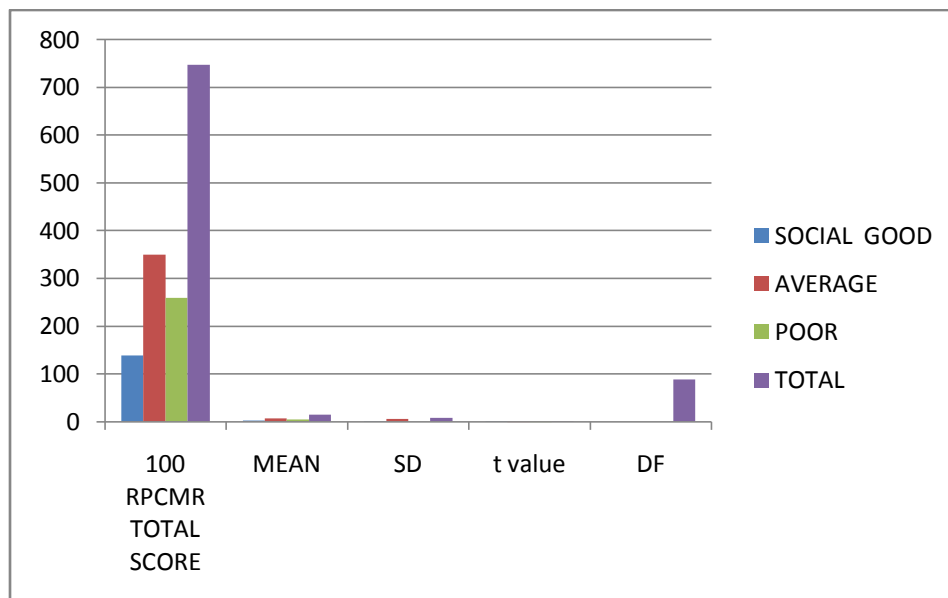
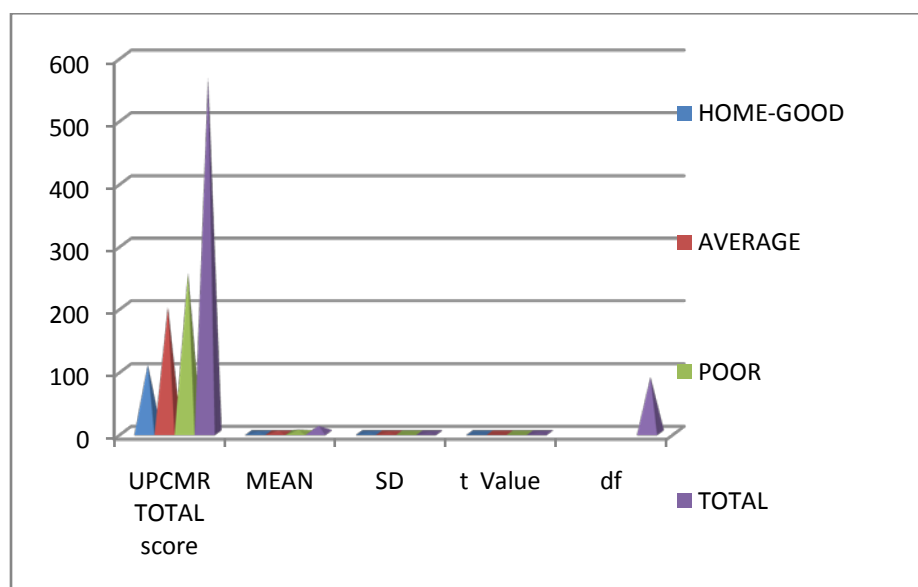


Table NO.6

UPCMR B A S	HOME GOOD	AVERAGE	POOR	TOTAL
Total SCORE	85	105	185	325
MEAN	1.98	4.05	5.7	11.48
SD	0	2.5	7.5	3.33
t value	1	1.5	0	1.05
df				1.5

The result shows the Home adjustment level of urban parents of children with mentally retarded total “t” score is 1.05



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Table No. 7

100 -UPCMR	HEALTH GOOD	AVERAGE	POOR	TOTAL
SCORE	46	172	396	614
MEAN	0.90	3.37	7.7	12.03
SD	0.3	1.3	2.56	3.65
t Value	0.2	0.12	1.06	1.23
df				69

The result shows the Health adjustment level of urban parents of children with mentally retarded total “t” score is 1.23.

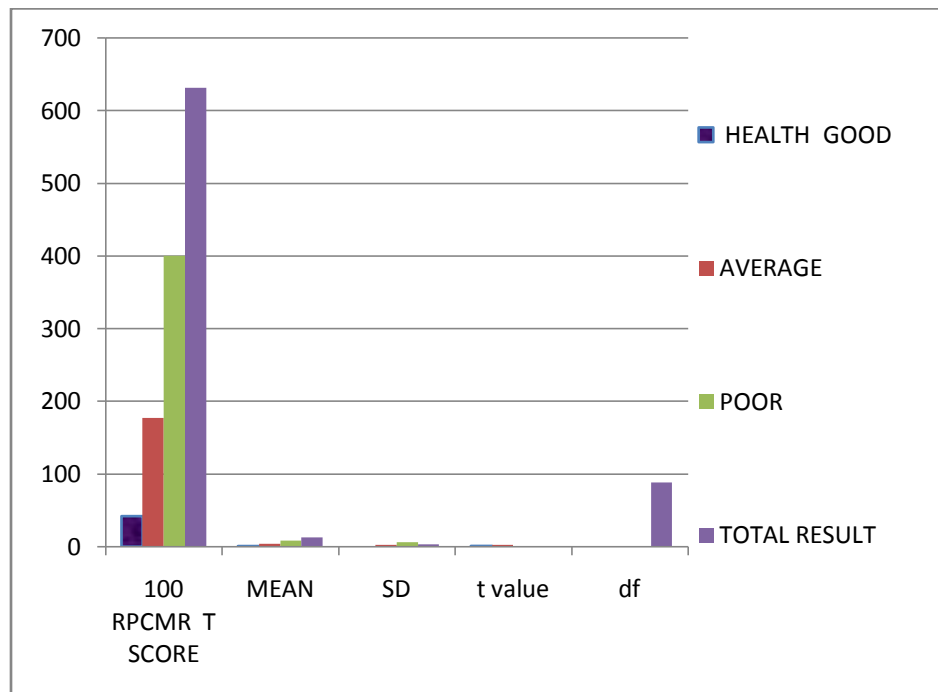


Table No.8

100 -UPCMR	EMO-GOOD	AVERAGE	POOR	TOTAL
SCORE	111	90	429	630
MEAN	2.17	1.76	8.41	12.35
SD	2.1	0.31	2.61	1.56
t Value	0.16	0.1	0.13	0.03
df				88

The result shows the Emotional adjustment level of urban parents of children with mentally retarded total “t” score is 1.56.

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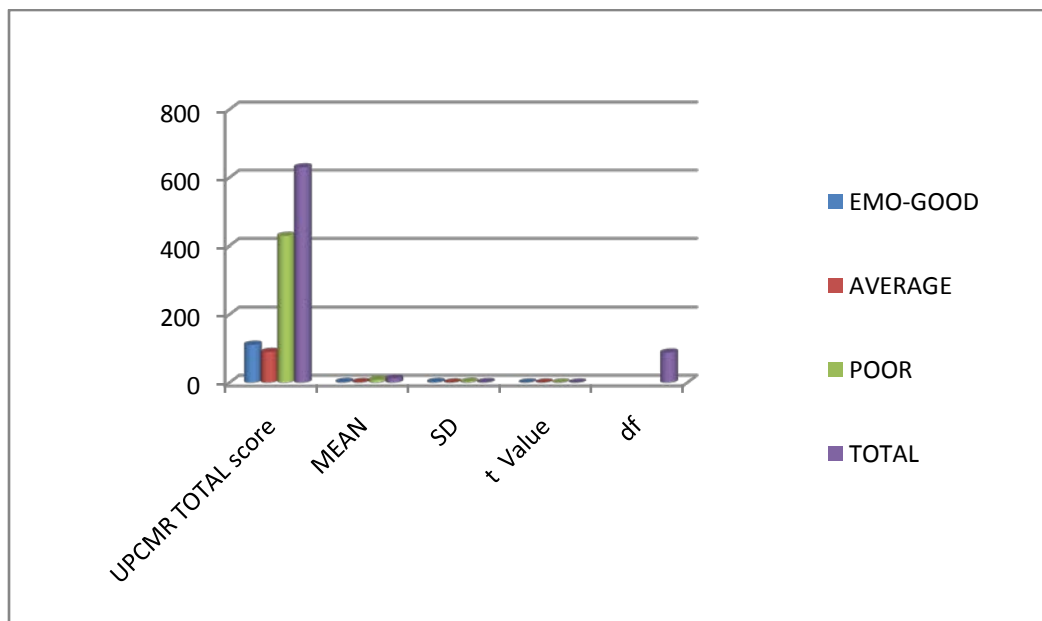
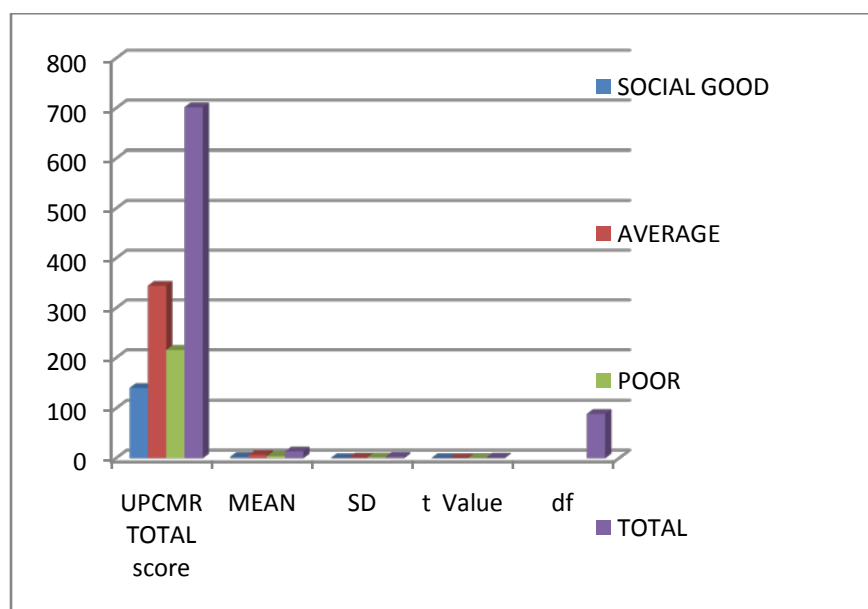


Table No. 9

BAS	SOC GOOD	AVERE	POOR	TOTAL
100UPCMR	141	345	216	702
MEAN	2.76	6.76	4.23	13.76
SD	0.32	1.5	1.65	3.43
T Value	0.1	0.15	0.2	1.3
df				89

The result shows the social adjustment level of urban parents of children with mentally retarded total “t” score is 1.3.



DISCUSSION

The result of Bells adjustment scale Rural and Urban parents of children with mentally retarded. Were found significant differences as mentioned in detailed the result shows the rural and urban parents of children with mentally retarded of mean score as the following adjustment level in Home, Health, Emotion, and Social “t” score is 2.6 and 1.59 in respective. (Table no.1) (Richards, Janet Leach. 1999).

The result shows the rural parents (RPCMR) adjustment of home health emotion and social levels of ‘t’ scores were found as in Home good average poor and total ranges 1, 2.5, 0, 3.53.33, Health 0.2, 0.12, 1.06, 1.23, Emotion 1.5, 2.5, 0.0, 3.0., social 1.5, 1.0, 0.7, 1.02, 2.5, 0.01, 0.3. (Ref. Table no.1-5).

The result shows the urban parents (UPCMR) adjustment of home health emotion and social levels of ‘t’ scores were found as in Home good average poor and total ranges 1, 1.5, 0, 1.05. Health 0.2, 0.12, 1.06, 1.23. Emotion 0.16, 0.1, 0.13, 0.03. Social 0.1, 0.15, 0.2, 1.3. (Ref. Table no.6-9).

CONCLUSION

This study gives an insight on special coping of adjustment skills to the both area of parents. It seems to analyst present adjustment commitment with situation. Efforts are needed to create public awareness and to involve family members in psychological intervention. Organizations like social welfare, education department, NGO’s and counseling centers could expand their programs to promote alternative living pattern to being consultation with the Psychologist and Professional counselor rehabilitation centers. Efforts are needed to create public awareness and to involve family members in psychological intervention. Organizations like social welfare, education department, NGO’s and counseling centers could expand their programs to promote alternative living pattern for parents of children with mentally retarded and dyslexic children.

Acknowledgement

We acknowledge to The Vice Chancellor and Registrar Gulbarga University Gulbarga Dr G Shivaprasad, Director and Dr A G Sreenivasa Murthy, Principal of Sri Siddhartha Medical College, Tumkur for permitting to conduct this study. We also thank Dr Rangaswamy K B, professor and HOD of pediatrics and Dr M T Sathyanaryana Professor and HOD of Psychiatry SSMC, Tumkur, Medical Superintendent, KCG hospital Bangalore, President, Malleshwaram dyslexia association Bangalore, Chairman and Secretary of SKIRDS, Tumkur for their support and guidance in this study.

Conflict of Interests

The author declared no conflict of interests.

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A Study on Andragogy & Heutagogy in Adult Education with Reference to Bloom's Taxonomy

Dr. Umashankar. K^{1*}, Prof. Charitra HG²

ABSTRACT

The contemporary education portals have been witnessing the transformational change in terms of teaching-learning endeavours. It is also evident that as the learners climb the stairs of academic portals, the pedagogy is being gradually replaced by the andragogy that focuses more student-centric education rather than teacher-centric education. Besides, the Heutagogy is also gaining tremendous response from the professional learners' community. As per the Heutagogy, the learners may pursue their education online without any constant instructions from the teacher, besides, it also focuses at connecting the learners across the geographical boundaries. Due to the factors like convenient learning and effective mode of knowledge transfer, the Heutagogy has been accepted by the renowned universities and they are offering many professional courses through online. The only purpose of these certificate is to build workplace skills among the professionals

The study focuses on the importance Andragogy and Heutagogy in the contemporary academic portals with reference to the Bloom's Taxonomy in which the stages of learning processes are widely discussed. Besides, the population of 180 students were taken as sampling in order to collect the data. The results of the survey reports also determine that the professionals aspire more of Andragogical/Heutagogical learning processes than the traditional mode of learning in a classroom set-up. Further, the paper also suggests some of the effective learner-centric tools under Heutagogy that can effectively build the required professional skills among the professionals. Indeed, the suggested tools help the learners for an independent study and they are also intended to enhance their cognitive abilities.

Keywords: *Bloom's Taxonomy, Andragogy, Heutagogy, Pedagogy*

The contemporary world has been undergoing a drastic and transformational change in the domains of Science and Information Technology. Nurtured by Science and Technology, the

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Business world is also stretching its wings of expansion and embracing every nook and corner of the world. In this regard, the education sector which is acting as the human resource provider has been doing an exemplary job in terms of tailoring the professional skills of the students and presenting them to the organizations. Besides, the students have been greatly benefited by the academic insights that they get in the academic portals. However, a careful observation into the academic ventures of feeding the cognitive slots in the students reflect that the students have been excessively trained on the lines of pedagogy by restricting their independent cognitive development.

Edward L. Thorndike (1924) in his theory *the Adult Learning* infers that the adult mind is completely active and receptive only if the transfer of skills or knowledge is enriched by the strategies portrayed in the below figure:

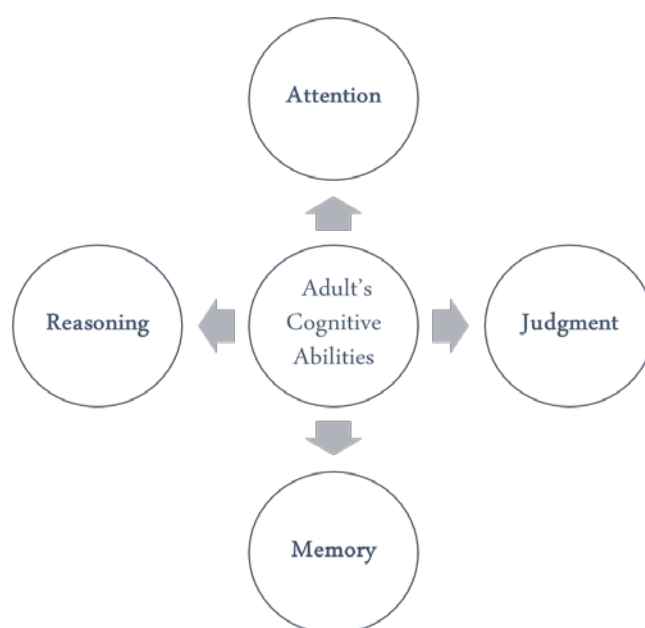


Fig. 1. Thorndike's Stages of human cognition

Further, Thorndike opined that the cognitive faculties increase based on the practice and experience through various walks of life. Hence, he also suggested that the *Mental Muscle Approach* that expounds on the increased cognitive strengths through the developmental stages of an individual development.

On the lines of pre-existing education theories, Benjamin Bloom (1956), an eminent education psychologist, suggested the three domains of learning that is reflected in the figure:

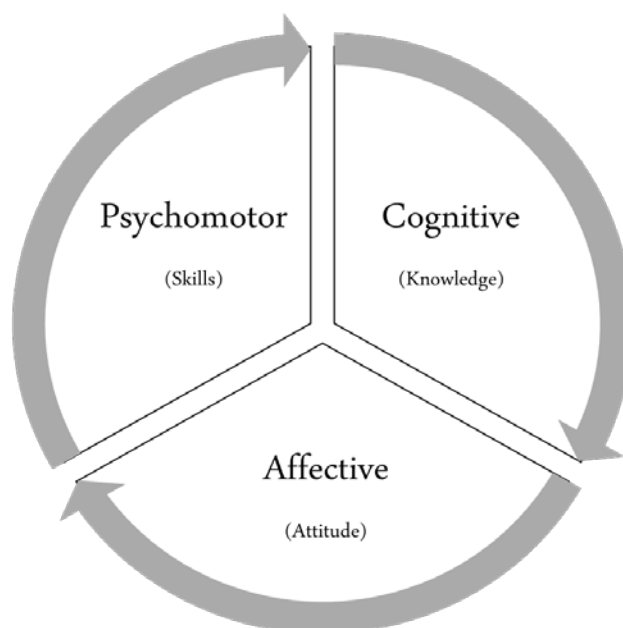


Fig. 2. Benjamin Bloom's three domains of learning

In continuation, it is also inferred that the students in adult education may be approached through these domains to make the learning effective and it can ensure the who listic development that will definitely contribute to the continual learning processes in an individual. Further, Benjamin Bloom contemplates on the hierarchical settings of learning objectives based on the cognitive strengths of the learners. As it is implied above by Thorndike's *Mental Muscle Approach*, the receptivity level of the learners in the isochronism of knowledge acquisition, gradually, increases based on their exposure and experience in various domains of knowledge and skills. Accordingly, the severity of the learning should also increase in order make the education compatible to the cognitive strengths of the learners

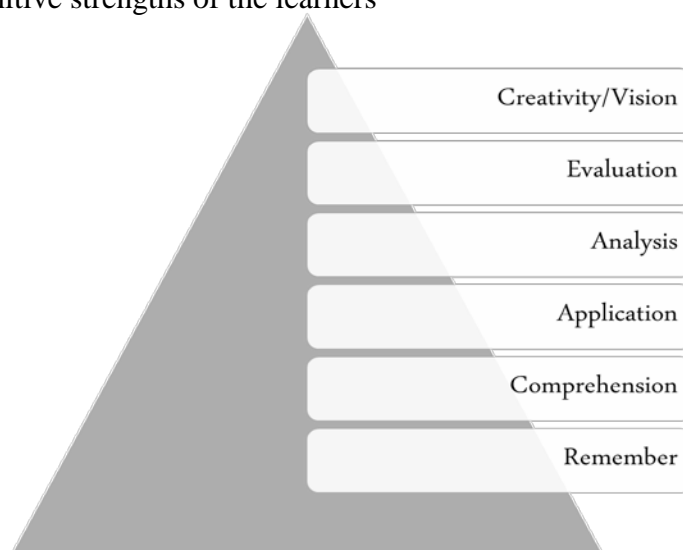


Fig.3. Bloom's Taxonomy and five stages of Learning

A Study on Andragogy & Heutagogy in Adult Education with Reference to Bloom's Taxonomy

With reference to Blooms Taxonomy, the first five stages four stages focus more on personal guided learning in which the facilitators plays a major role in achieving the learning objectives. In terms of education system in India, the learners since the school days have put through these learning process and their cognitive levels have been trained to master these levels. With reference the curriculum and pedagogical designs of Indian Universities, the learners till their Under-graduate level, they learn to remember the numerical values, comprehend the simulated situations, virtual application of their learning and the analysis of outcome.

Conceptual Definition of Terms

- Bloom's Taxonomy: Dictionary defines Bloom's Taxonomy as a *way of distinguishing the fundamental questions in the education system*. In this research paper, it is also referred to the process of human cognition that rises from simplicity to complexity.
- Andragogy: Andragogy can be defined as an educational teaching process which is adopted in teaching adults.
- Heutagogy: Heutagogy can be defined as self-determined and student centric learning while challenging the traditional methods of pedagogy which is a teacher centric. In this study, the terms also means that online system of education that drives the professional learning ventures.
- Pedagogy: The term pedagogy has a wide interpretation in the process of education system, however, this research paper considers the terms pedagogy as a teaching tool adopted to achieve the purpose of knowledge transfer in teacher-driven learning process and it may not be student-centric.

Purpose of the Study

The purpose of the study is to ascertain that the traditional pedagogical approaches may become obsolete as they go to the higher levels of professional learning. Further, the study also believes that the professional learning cannot be teacher-centric as the teacher cannot teach or impose their ideas on the learners as this may curtail the creative abilities of the adults. Hence, the learning process should be learner-centric and it is assumed that the learners have the ability of independent learning with minimal facilitation by the teacher through online. It is also believed that the professional having learning inclination may find comfortable in enriching their intellectual abilities through online mode as it does not interrupt their day to day professional obligations. Furthermore, the purpose of the study is to propose new Andragogical methods to provide igniting learning experience to the learners.

Limitations of the Study

The samplings were based on the same academic, social and cultural background. Hence, there is no much discrepancies in the dependent variables. If administered of the diversified subjects, the results may reveal much scope for research. Further, the importance of Heutagogical tools over the traditional pedagogical tools may require much more expansive study.

METHODOLOGY

The study aims at investigating the young professionals' inclination for further professional studies and also to understand the mode of education that they prefer. Accordingly, it is also presumed that the learners prefer the convenient access to the learning ambience. This section will outline multiple aspects of the research conducted, including: research objectives, planning, instrumentation utilized, participant/subjects, data collection and analysis procedures, and limitations of the study. The following research objectives and expectations were established by the researcher and agreed upon by all parties involved.

Profile of the Respondents:

The respondents were 120 in number (90 boys and 90 girls) and they all graduates of different streams. Currently, they are pursuing Postgraduate Diploma at Manipal University, Bangalore Campus and they are also the probationary officers of AXIS Bank. The respondents belong to the same socio-cultural background and they hail from Urban or semi-urban areas across India.

Instrumentation:

As a part of data collection, a questionnaire was administered on the chosen subjects on their preferred learning style. The questionnaire had 16 items based on the four broad categories. Those questions were based on their preferred learning mode. The questionnaire is on four point scale and each item has four responses like; strongly agree (4), agree (3), neutral (2) and disagree (1). The highly agreed statement derives score of 4 and the least has the score of 1.

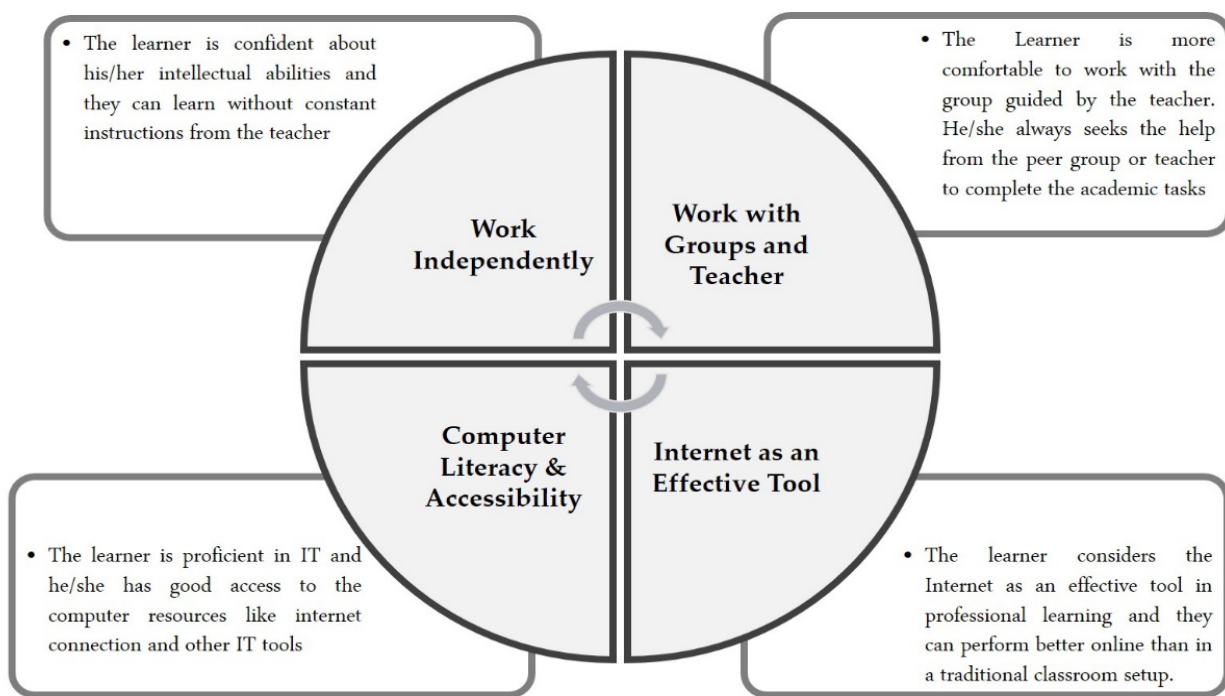


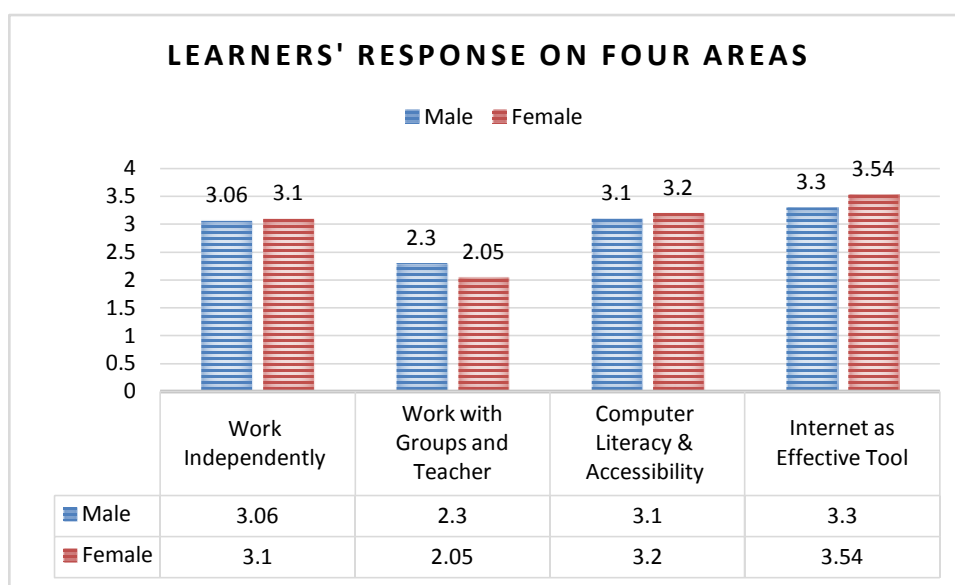
Fig.4. Four domains of the Questionnaire

Data Collection and Procedure:

The data was collected by administering a paper-pencil response sheet and the questionnaire had 16 questions and there were 180 respondents (Male=90, Female=90). Prior to the administration of the test, the respondents were informed about the objective of the study and they were also informed that the responses should be honest and there are no right or wrong responses. Later, the statistical data was obtained from the response sheets to support to presumptions.

Data Interpretation:

The graph reflects on the response on four categories like Work Independently, Work with Groups & Teacher, Computer Literacy & Accessibility and Internet as Effective Tool. Further, male respondents and female respondents have given 3.06 and 3.1 ranking on four point scale respectively, wherein, they preferred to work independently and they are more confident about their analytical, comprehensive and evaluative skills. It is also presumed that these respondents seek more to explore their learning abilities independently.



The second area *work with groups and teacher* has been given 2.3 and 2.05 rating respectively by the male and female respondents. This can be inferred that this area is least preferred by the respondents. It is also understood that the learners may not prefer much the traditional learning in a physical setup wherein the learning processes are entirely driven by the instructions given by the teacher. Moreover, the respondents might have also felt that this learning set-up is not convenient for the professional learning.

The third area *Computer literacy and Accessibility* has secured 3.1 & 3.2 rating from male and female respondents, respectively. This can be inferred that the responded learners have

reasonable accessibility to the IT resources and they are good in utilizing those resources for self-learning.

The fourth area *Internet as Effective Tool* has gained 3.3 and 3.54 rating from male and female respondents, respectively. This data reveals that the learners consider the Andragogical mode of learning as effective means for professionals. This also reflects that the learners are proficient in the elementary stages of education suggested by the Blooms Taxonomy and they have also opined that they can be more creative and productive through online mode of learning instead of teacher-lead learning process.

The Survey outcome

Based on the data interpretation, it can be inferred that the learners from professional community (postgraduate level) have more inclination towards the Heutagogical model of learning. With reference to Blooms Taxonomy, the first three elementary stages prescribed for learners (remember, comprehension and application) may not require any teacher-lead learning process in a physical classroom setup. It is also observed that learners who gained the academic exposure till Post-graduation may prefer Andragogical learning rather than going through the pedagogical learning. Moreover, the learners have also displayed they are confident the next three stages of learning (Analysis, Evaluation and Creativity/vision) can be self-driven by the learner with minimal online instructions from the facilitator.

1. Suggested Andragogical/Heutagogical Tools for Igniting Learning Experience

As it is observed in the data obtained from the respondents, it can be presumed that the learners prefer for learner-centric mode of academic acquisition. Hence, the Andragogical tools may be based on four main domains:

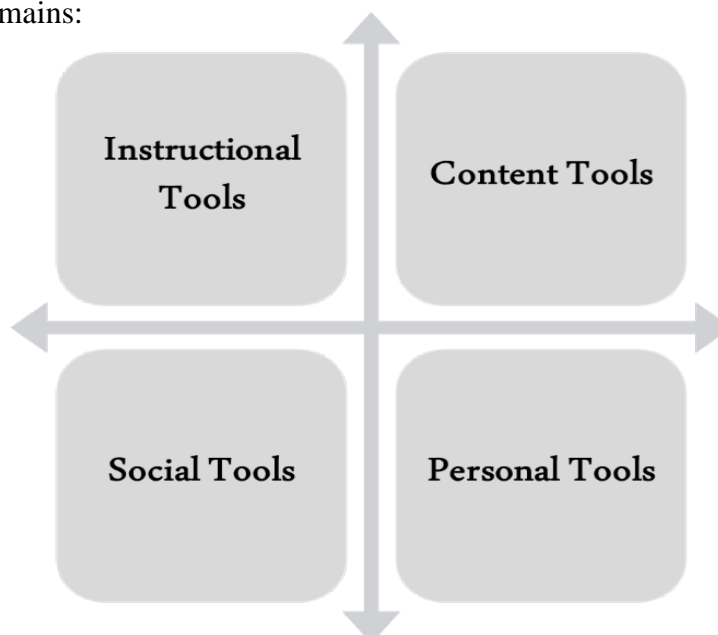


Fig.6. Four domains of Andragogical and Heutagogical Tools

1.1. Instructional Tools: It is an evident fact that the companies of international reputation have collaborated with the academic portals through Massive Open Online Course (MOOC) through which the professionals are being trained on workplace behavioural skills and they also offer certificate course for the professionals through the online mode.

Cousera is another platform that aims at linking learners and the top of universities of the world and makes the learning objectives of the learners achievable. Moreover, it is an advanced learning platform and the course offered by the universities are intellectually challenging. Indeed, the learners have to be more creative and innovative and every pace of learning driven by the learner himself. Alike, Udemy, an online education portal that caters to the needs of the learners and it also provides a variety of course options so that the learners have options to choose the best compatible to their need.

Further, the learners can also collaborate with the other learners in order to discuss about the assignments or any other course related material. Further, the access to the data collection tools has been made easy for the learners and this option reduces the physical efforts of the learner in collecting data for the research and for course completion.

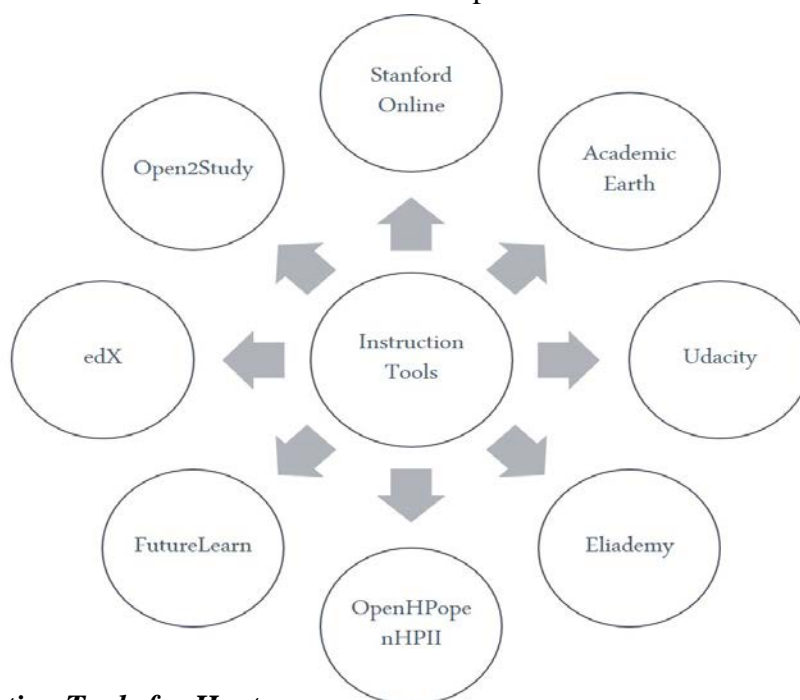


Fig.7. Instruction Tools for Heutagogy

1.2. Content tools: the content tools refer to the knowledge material pertaining to course. Indeed, there are many websites that share knowledge on diversified areas and the learners have access to the content. However, the learners have to determine and evaluate the quality of subject knowledge posted on the websites. The beauty of these websites is that they have free access. Besides, the learners may discover creative ways of exhibiting his/her intellect through this platform.

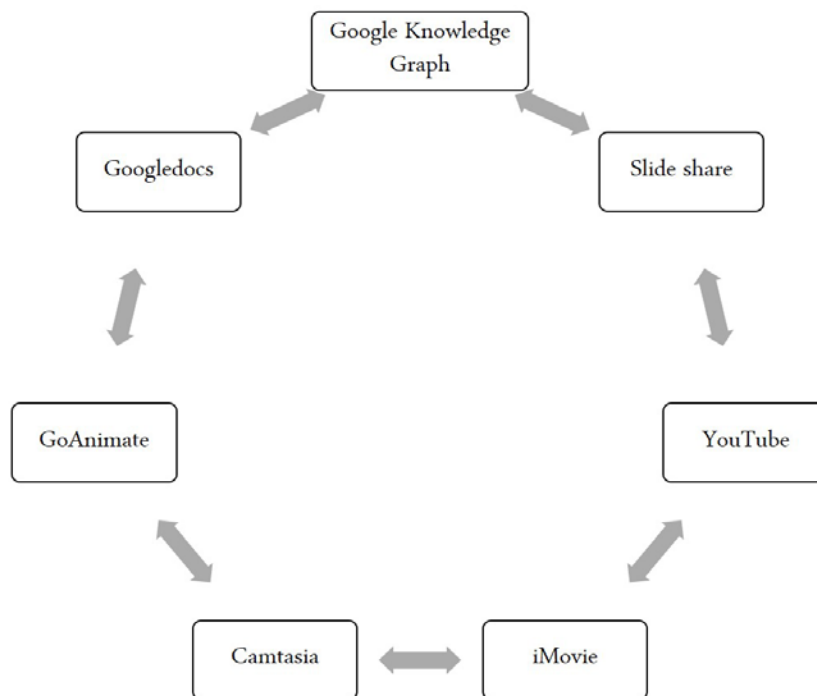


Fig.8. Content Tools of Andragogy

1.3. Social Tools: the social media has been playing a vital role in knowledge transfer wherein the learners update themselves in terms of their learning requirements. Moreover, man being a social animal always craves for the social interactions and evidently, the learners find an igniting learning experience in the social groups. These social networking portals help the learners to share and receive required knowledge.

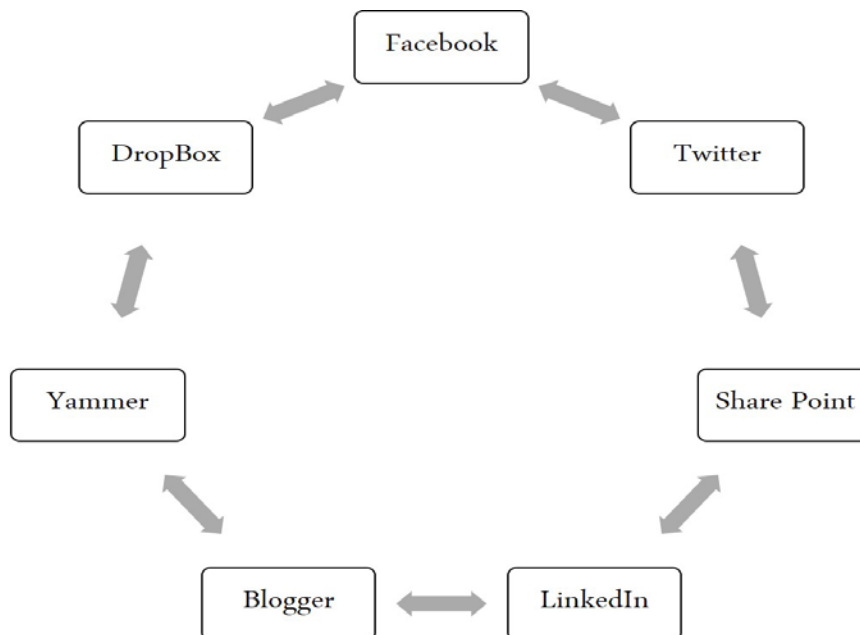


Fig.9. Social Tools of Andragogy

1.4. Personal Tools: Personal tools refer to the knowledge transfer or receipt of knowledge through the learners' personal source wherefrom they can individually acquire the required pieces of information and also discriminate acquisition of knowledge.

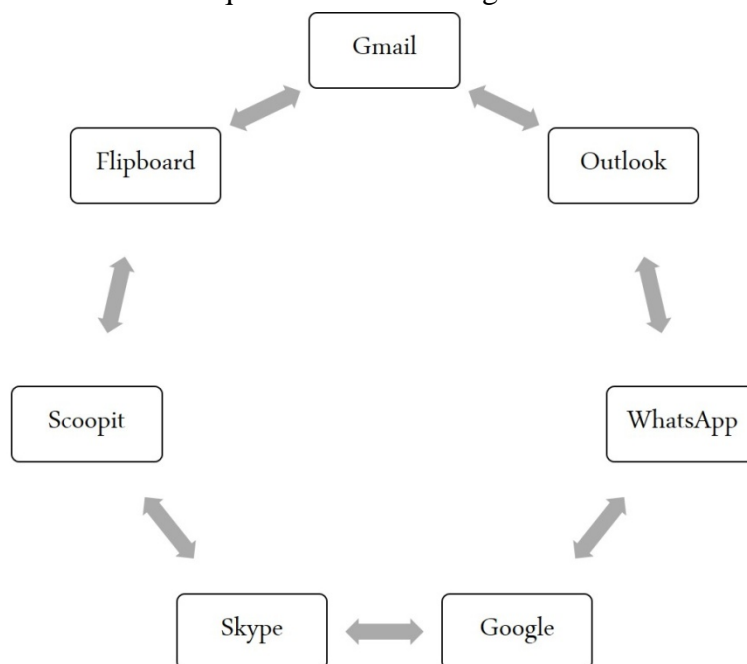


Fig.9. Personal Tools of Andragogy

2. Application of Andragogical Tools in the Process of Heutagogy

The study focuses at imbibing all the Andragogical tools in making or giving enriched learning experience to the learners through online. Moreover, it can be observed that all the suggested tools focus on learner-centric. Further, the postgraduate students or professional learners have to be given sufficient scope in exploring their hidden intellect. Indeed, the intellect that had been trained since the elementary education will help the learners to study independently by the using the suggested tools. Helping the learners to explore themselves various pieces of information or knowledge help the learners to be more innovative and creative.

CONCLUSION

The study focused on the relevance of Heutagogical tools in higher education and it also presumed that as the students go to the high level of professional education, they prefer to go for independent study with minimal teacher instructions. This presumption was supported by the survey report which as derived from POs of AXIS Bank.

Although the students prefer to have professional education and they have also shown their confidence in independent learning, it can be inferred that the considerable teacher-led teaching process is required for a successful skill building process. In addition, there are many online

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portals offering certificate or diploma courses on specific knowledge areas and they are doing a tremendous work in terms of bringing education to the doorsteps of the learners.

In this era of Science and IT transformation, the education system is significantly transforming its teaching learning processes, however, the minimal face-to-face interactions may also contribute to the effective learning outcome.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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Gender Differences in Social Relationships and Social Support of School Children

Om Parkash^{1*}

ABSTRACT

The objective of the current study was to investigate the gender differences in social relationships and social support of school children. Total 165 (65 Males and 100 Females) school children participated in the study from different four senior secondary schools of Punjab. The age of the subjects ranged between 15 to 18 years with a mean age of 16.96 years. Social Relationships Scale and The Interpersonal Support Evaluation List have been used to collect data for social relationships and social support respectively. The results indicated no significant gender difference on overall social relationship and six dimensions of social relationship including parents, peers, siblings, teachers, relatives and strangers. However, a significant difference has been observed on the friend dimension ($P < .01$), being males on the higher side. Similarly, males also scored significantly higher on perceived social support ($P < .05$) than females. The results confirm the notion that females perceive low social support not only at higher stage of life, but this difference is rooted in their childhood and adolescent period also.

Keywords: *Social Relationships, Social Support, School Children*

Social relationship is considered the relationship between two or more people. Social relationships have many facets including family, friends and relatives. Social relationships and social support are strongly related and it has been found out in many studies that people having high social support are better on physical and mental health parameters. Schwarzer and Leppin (1991) also demonstrated that there is a strong positive relationship between social support and physical and mental well-being. According to Albrecht and Adelman (1987) social support is the “*verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance a perception of personal control in one's life experience*” (p. 19).

One research by International Centre for Life course Studies in Society and Health suggested that social networks have significant positive effects on a person's psychological health. Attachment

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theory introduced by Bowlby (1969) have proposed the notion that children who received safety and security in childhood are better in maintaining their relationships in different areas such as school, work or friendship. The attachment theory also suggests that childhood relationship experiences are crucial and affect the maintenance of relationships in later life.

In the last three decades, numerous researches have suggested that social relationships and social support are vital for a person's physical and mental health. However, the researches to identify the key determinants of social support and social relationships, especially in school children, are yet less studied. In this light, the current research targets to study the gender differences in social relationships and social support of school children.

Belle (1987) has argued that gender differences in interpersonal behavior and relationships are clearly visible throughout the life cycle and this ensures that women and men differ on social relationships. Walen and Lachman (2000) investigated the gender differences of social support and strain from partner, family, and friends among different age groups as young 25–39 years, middle 40–59 years, and older 60–75 years. The results suggested that social networks consistently differ by sex and age and there exists significant sex differences on social support and networks.

Matud et al. (2003) also examined gender differences in social support. The sample included 3210 participants with age ranging from 18 to 65 years with a mean age of 34.1 year. The researchers concluded that there is clear evidence of gender differences in perceived social support and this difference can be due to the different socialization and social roles performed by men and women.

Kumar et al. (2016) conducted a study to investigate the association and gender differences of social relationships among University students. Total 279 students participated in the study with an age range of 17 to 25 years. To collect data for social relationship, the Social Relationships Scale had been used. The results of the study suggested no significant gender differences on different dimensions of social relationships.

On the basis of above studies, we can say that there is no consensus over the association of gender differences in relation to social relationships and social support. The literature review also suggests that different age groups show variation in gender differences in context to social relationships and social support. The current study has also been done to get more clarity on gender differences for social relationships and social support. For fulfilling this objective, the below mentioned methodology has been used.

METHODOLOGY

Sample

The current study involved 165 (65 Males and 100 Females) school children from different four senior secondary schools of Punjab. The age of the subjects ranged between 15 to 18 years with a mean age of 16.96 years. All the students were selected on the random basis and the sample involved students from different streams including arts, commerce and science.

Research Tools

- 1. Social Relationships Scale (SRS):** This scale has been developed by Pardeep Kumar, Faheem Nabi and Neha Thakur in 2016. The scale has total 35 items divided into seven different dimensions of social relationships. The seven dimensions of the scale include friends, siblings, parents, relatives, classmates, teachers and strangers. The scale has been standardized on the population of adolescents and young adults age ranging from 15 to 30 years. The test – retest reliability of the scale is .93.
- 2. Interpersonal Support Evaluation List:** The Interpersonal Support Evaluation List (ISEL) has been developed by Cohen et al. in 1985 to measure the functional components of social support. The scale has total 40 items which further divided into four sub types. The four sub types of the scale include tangible support, appraisal support, self-esteem support, belonging support. 20 items of the scale in positive direction and the other 20 in negative direction to counter balance the social desirable behaviour of the participant. The internal reliability for the ISEL is between 0.88 and 0.90 and the test-retest correlation is .87. The ISEL was also strongly (.74) correlated to the Rosenberg Self-Esteem scale.

Procedure

First of all, four schools have been selected from Jalandhar and Kapurthala District of Punjab on convenience basis. Total 165 students randomly selected from the four schools to participate in the study. The participants were given Social Relationships Scale and The Interpersonal Support Evaluation List to measure the level of social relationships and social support of the participants. The instructions were given to the participants and it is ensured that they understood everything about the scale. It took about 40 minutes to complete both the scale by the participants. The collected data have been analysed for any missing value or outliers and then independent samples t test has been computed through SPSS for data interpretation.

RESULTS AND DISCUSSION

The results of the study have been presented in table 1. The table presents Means, SDs, t scores and p values for overall social relationship, social support and seven dimensions of social relationships.

Gender Differences in Social Relationships and Social Support of School Children

Table 1: Means, SDs, t scores and p values for overall social relationship, social support and seven dimensions of social relationships

N = 165	Gender	Mean	Std. Deviation	t ratio	p value
Overall SRS	Male	127.45	17.16	1.73	0.09
	Female	123.22	14.06		
Social Support	Male	36.03	6.85	2.34	0.02*
	Female	33.73	5.65		
Parents	Male	18.86	3.46	-0.39	0.70
	Female	19.07	3.35		
Sibling	Male	19.17	4.00	-0.19	0.85
	Female	19.29	3.70		
Friends	Male	18.23	3.65	3.89	0.00**
	Female	16.26	2.84		
Relatives	Male	18.72	3.97	1.83	0.07
	Female	17.58	3.83		
Peers	Male	18.36	3.39	1.41	0.16
	Female	17.63	3.12		
Teachers	Male	17.23	3.41	-0.03	0.98
	Female	17.25	2.70		
Strangers	Male	16.88	2.62	1.87	0.06
	Female	16.13	2.41		

**Significant at .05 level, **Significant at .01 level*

The independent sample t test has been applied on the data and the results from table 1 show that the t ratio for overall social relationships is 1.73 ($p = >.05$) which is less than the critical value of .05 probability. Similarly, the t ratios for parents, siblings relatives, peers and teachers also range between .98 to .06 all falling below the critical value of .05 probability level. This all indicates that there is no gender difference on overall social relationships and its above mentioned six dimensions. The findings go along with the study of Kumar et al. (2016) who suggested no significant gender differences on different dimensions of social relationships.

However, on friend dimension, the t value of 3.89 ($p < .01$) is significant at .01 level of probability indicating male school children have significant higher level of relationship in comparison to their female counterparts. These results differ with the findings of Kumar et al. (2016). The reason might be that the Kumar et al. study has been conducted on University students and the current study includes school children. So in school, children might be more attached to their friends but the attachment level may change as they move to higher levels of life.

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Similarly, the t value ($t = 2.34, p < .05$) of social support also indicates a significant difference and suggest males are significantly higher on perceiving social support than girls. This finding go along with the results of Belle (1987), Walen and Lachman (2000) and Matud et al. (2003) who concluded that there is clear evidence of gender differences in perceived social support. Matud et al. (2003) also explained that this difference can be due to the different socialization and social roles performed by men and women.

CONCLUSION

In conclusion we can say that social relationships and social support are the key factors affecting one's physical and psychological health and overall males perceive higher social support and social networking in comparison to their female counterparts. The same is true in the case of school children. This suggests that female perceive low social support not only at higher stage of life, but this difference is rooted in their childhood and adolescent period also.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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Understanding Physiology and Pathology of Sexual Health

Sana Mohamed Abasher Haj Ali^{1*}

ABSTRACT

According to world health organization, Sexual health is a broad area that encompasses many inter-related challenges and problems. Key among the issues and concerns are human rights related to sexual health, sexual pleasure, eroticism, and sexual satisfaction, diseases (HIV/AIDS, STIs, RTIs), violence, female genital mutilation, sexual dysfunction, and mental health related to sexual health. The present review presents physiology and pathology of sexual health which helps the researchers and clinicians to understand and plan and develop new treatment procedures for better reproductive health for the benefit of population in general.

Keywords: *Physiology, Pathology, Sexual health.*

Sexual health is defined as the integration of the somatic, emotional, intellectual, and social aspects of sexual being; in ways that are positively enriching and that enhance personality, communication and love. It means that sexuality is made up of a collection of other concepts-somatic, which means of the body or physical; emotional, meaning feelings affecting the psychological of the person; intellectual, implying cognitive understanding; and social suggesting interaction with others. The end result of having these components in harmony would enhance personality, communication, and love. The present review was undertaken to understand the physiology and pathology of sexual health to promote translational research in this area.

Materials and Methods

We have reviewed indexed journals from PubMed, Scopus and Google Scholar by using key words Breast cancer and sexuality.

Concept of sexuality

Human sexual behavior is learned through the socialization process and conforms to the prevailing norms in a given society. It is our interactions with others that we learn sexual behavior and our feeling about sex; good sex is enjoyable both physically and emotionally, as subjectively experienced by partners. Sex researcher Paul H. Gebhard (1975) observed that

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satisfying sex life is one factor contributing to marital stability. Good sex was positively associated with women's marital happiness.

The happier the marriage to begin with, the better sex life a couple has, and the longer a marriage lasts, the more experience a couple has together, so the better the sexual adjustment and activity they exhibit¹ Sexual activity was defined as activities with a partner including kissing, touching, and other intimate contact, including intercourse².

Physiology of sexual response

To gain a better understanding of the total process of sexual response, it is helpful to have a clear understanding of the actual physiological changes that take place during sexual stimulation³. Masters and Johnson were the first to describe the sexual response cycle in 1966, listing the following phases: excitement, plateau, orgasm, and resolution. In 1979, Kaplan modified the phases to: desire, arousal, orgasm, and resolution. These phases are the basis for the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) definitions of female sexual dysfunction, along with the classification system of the American Foundation of Urologic Disease⁴

According to the research of Master and Johnson (1966) the phases of sexual response may be divided into four phases:

(1) *The Excitement Phase*

Extends from the beginning of sexual stimulation to the point at which the individual reaches a high degree of sexual excitation. The duration may extend or prolong depending upon the intensity of the stimulation and individual reaction to it. Cessation of stimulation or some form of interruption (uncomfortable move or a displeasing comment) may even abort the process.

(2) *Plateau Phase*

If sexual stimulation continued and sexual tensions intensified, the individual reaches this phase of sexual cycle, from which he or she move to orgasm.

(3) *The Orgasm Phase*

Is limited to those few seconds during which sexual tension is at its maximum and then suddenly released.

(4) *Resolution Phase*

During which sexual tension subsides as the individual moves back through the plateau and the excitement phases to the unstimulated state³

Physiological Responses to sexual response:

Vasocongestion

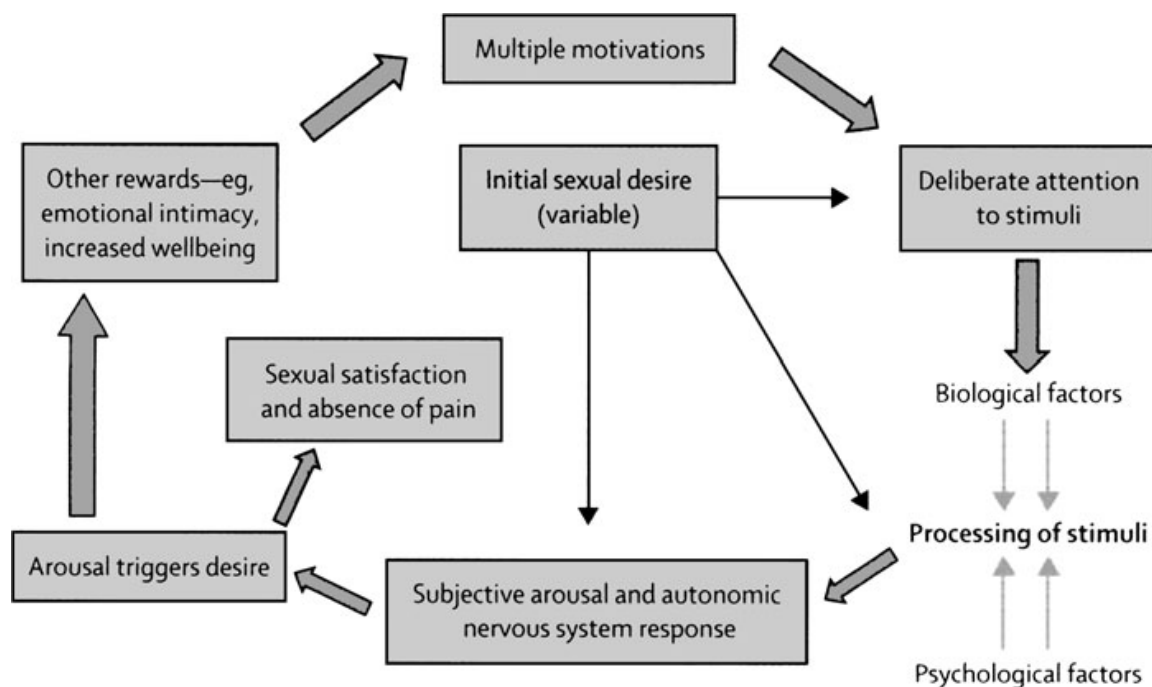
This is the process where the woman's clitoris, labia and nipples become engorged with blood, which causes swelling and enlargement. One of the most important changes in the female is in

the vagina. The outer one-third becomes engorged with blood, reducing the opening, with the outer muscles contracting around the penis.

Lubrication

Within 10-30 seconds after sexual stimulation begins, sweating and self-lubrication of the inner walls of the vagina begin. The presence of lubrication is one indication of sexual response²

On the other hand, Basson and Basson et al. have reconceptualized the female sexual response to account for the complexity of female sexual desire and arousal, which does not follow the above linear model of discrete phases of sexual response which proposed by Masters and Johnson and Kaplan. Instead, a circular intimacy-based sexual response cycle was proposed (Fig. 1), with overlapping phases of variable order.



(Fig. 2) Circular model of human sexual response, showing cycle of overlapping phases. The sexual and nonsexual outcomes influence future sexual motivation.

Basson noted that women participate in sexual activity for diverse reasons; including a desire for emotional closeness, but sexual desire is an infrequent factor for women in established relationships⁵ as most women in long-term relationships do not frequently think of sex or experience spontaneous hunger for sexual activity. On the contrary, many women may experience spontaneous desire and interest in a new sexual relationship or after a long separation from a partner. In the former cases, Basson suggests that a desire for increased emotional closeness and intimacy or approach from a partner may predispose a woman to participate in sexual activity. From this point of sexual neutrality – where a woman is receptive to being sexual but not initiate sexual activity—the desire for intimacy prompts her to seek ways to

become sexually aroused via conversation, music, reading or viewing erotic materials or direct stimulation. Once she is aroused, sexual desire emerges and motivates her to continue the activity⁶.

Sexual stimulation some times divided into two types, those dependent on the brain, such as visual, auditory, olfactory and internal imagery, know as psychic stimulation, and those dependent on touch, called reflexive, because they can be effective without the brain. The previous are interact with one another; psychic stimuli will increase the sensitivity to reflexive stimuli and vice versa moreover considerable external stimulation and only direct touches will succeed in producing sexual responses⁷

Benefit of sexual activities:

In addition to the sheer pleasure of the sexual act, there are positive health benefits that result. Consider that sex:

- *Helps with losing weight and gaining energy:* Sex burns about 150 calories every half hour. Taking part in sexual activities for more than 2 hours can burn up to 600 calories.
 - *Improves sleep and relaxation:* Following lovemaking, it's easy to surrender to sleep when you are relaxed and tired from burning calories. It's a great way to overcome insomnia.
 - *Relieves pain:* Studies indicate that sex may reduce headaches and joint pains by raising endorphin levels. These endorphins remain in the body for several hours after climaxing.
 - *Increases longevity:* Sex actually slows the aging process, enabling us to stay younger.
- Sex also improves stress and mood, strengthens and improves immunity, improves cardiovascular health, lowers cholesterol and increases intimacy within a relationship⁸

Female Sexual dysfunction

Nationally representative survey of sexual behavior in a young population, reporting sexual function problems is relatively common and is associated with a number of socio-demographic, sexual and health behavioral and attitudinal variables. The prevalence of reporting sexual function problems is significantly higher in women, relative to men, as others have reported. Furthermore, women with young children in the home were significantly more likely to report problems. In accordance with other studies, some association was found with increasing age, having young children in the home, but contrary to others' findings, no significant association with education and ethnicity was observed for either men or women⁹

Medical risk factors and causes of female sexual dysfunction has been classified into three different categories, depending on whether it is ***primary*** (realistic sexual expectations have never been met under any circumstances), ***secondary*** (all phases have functioned in the past, but one or more no longer do so), or ***situational*** (the response cycle functions under some circumstances, but not others⁴

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Sexual dysfunction may involve a decreased interest in or desire to engage in sexual activity, decreased arousal, difficulty achieving orgasm, or pain during sexual activity. A diagnosis of female sexual dysfunction (FSD) is made when one or more of these symptoms is present and causes distress or interferes substantially with interpersonal relationships. Understanding FSD continues to grow, but there is still much to be learned, especially regarding treatment¹⁰

Sexual desire disorders

a) *Hypoactive sexual desire disorder* is a recurrent or persistent deficiency or absence of sexual thoughts, fantasies, and/or receptivity to sexual activity that causes personal distress. It may be related to certain medical conditions such as hormone deficiencies, surgery, or medications, or may be associated with emotional or psychological factors. Sexual desire (libido) can decrease when women undergo menopause, whether natural or surgically or medically induced, and in women with endocrine disorders⁴ more over sexual thoughts are generally infrequent in women and the frequency of sexual thoughts has relationship to sexual satisfaction in women³

Sexual arousal disorder

Is defined as the inability to attain or maintain sufficient sexual excitement, expressed as a lack of subjective excitement or somatic response such as genital lubrication. This may include absent or diminished vaginal lubrication, decreased clitoral and labial engorgement or sensation, and lack of vaginal smooth muscle relaxation. While psychological factors may be the key player in arousal, there often is a medical basis, as in the decreased vaginal or clitoral blood flow secondary to medications, pelvic trauma, or surgery⁴

The factors that influence desire and arousal in women are incompletely understood but are likely the results of a complex interaction among the autonomic nervous system (various neurotransmitters), sex hormones (estrogen, testosterone), and environmental factors (mental health, fatigue, quality of the partner relationship)³

Orgasmic disorder is a persistent and/or recurrent difficulty, delay in, or absence of attaining orgasm after sufficient sexual stimulation and arousal, which causes personal distress. It may be primary when a woman has never achieved orgasm, (sometimes the result of emotional trauma or sexual abuse). Secondary orgasmic disorder occurs in situations where orgasms were achieved in the past, and causes may be the result of hormonal deficiency, medications, surgery, or trauma.

Sexual pain disorders include the following:

a) *Dyspareunia* is recurrent or persistent genital pain associated with sexual intercourse.

It may be psychological, or it may be associated with medical causes such as menopause, infections, or certain conditions.

b) Vaginismus is defined as severe pain and /or involuntary spasm of the distal vaginal and pelvic floor muscles during attempted penetration. Examination reveals no organic pathologic condition, but the pubococcygeal muscles are tight and vaginal penetration by speculum or examining finger is painful and difficult, if not impossible

Causes of FSD

1) **Psychogenic**: Emotional and relationship problems can have a significant impact on sexual desire, arousal, and/or orgasm. Depression, or the medications used to treat it, may decrease desire, arousal, and genital sensation in women and interfere with their ability to achieve orgasm. A woman's morals, body image, and self-esteem are all possible contributing factors to FSD.

2) **Endocrinologic**: Hormonal imbalances as a result of menopause, hypothalamic-pituitary axis dysfunction, surgical or medical castration, or premature ovarian failure are some of the endocrine causes of FSD. Menopausal women often complain of vaginal dryness; decreased desire or arousal; or dyspareunia, often secondary to decreased levels of estrogen and testosterone. At menopause there is a sharp decline in estradiol level, and although androgen levels decline over time, testosterone production can decrease by up to 25% in some women.

3) **Muscular**: The levator ani, bulbocavernosus, and ischiocavernosus muscles contribute to sexual arousal and orgasm. Vaginismus, dyspareunia, or vaginal hypoanesthesia may result as a consequence of muscular dysfunction⁴

CONCLUSION

The present review presents physiology and pathology of sexual health which helps the researchers and clinicians to understand and plan and develop new treatment procedures for better reproductive health for the benefit of population in general.

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Conflict of Interests

The author declared no conflict of interests.

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Impact of Societal and Cultural Beliefs on Inclusive Special Education Practices in the Indian Context

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ABSTRACT

In 1995, India passed The Persons with Disabilities (equal opportunities, protection of rights and full participation) Act, which guaranteed “free and appropriate education of children with disabilities up to the age of 18 years”. This law was finally enforced in 2005, with the National Curriculum Framework, which made it mandatory for every school to have a special education department that overlooked the inclusive special education needs of their students. At a macro level, this paper highlights the social, historical and cultural factors that affect special education policies and practices in India. And at a micro level, it aims to comment on how these factors percolate down to the school system and shapes pedagogical practices and educational placement decisions for students with disabilities.

Keywords: Culture, Disabilities, Inclusion, Special Education, Policy, Practice

According to UNESCO (2006), inclusive education is seen as “a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion from education and from within education.” The goal is that the whole education system will facilitate learning environments where teachers and learners embrace and welcome the challenge and benefits of diversity. Within an inclusive education approach, learning environments are fostered where individual needs are met and every student has an opportunity to succeed.

Though inclusive education is not an option for every child with special needs, it certainly provides students with an opportunity to access a “least restrictive environment” (IDEA 2004) in helping them reach their academic and social goals, as competent members of society. Students with disabilities in inclusive classrooms show academic gains in a number of areas, including improved performance on standardized tests, mastery of IEP goals, grades, on-task behavior and motivation to learn (National Center for Education Restructuring and Inclusion, 1995). Moreover, placement in inclusive classrooms does not interfere with the academic performance

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of typical peers, with respect to the amount of allocated time and engaged instructional time, the rate of interruption to planned activities and students' achievement on test scores and report card grades (York, Vandercook, MacDonald, Heise-Neff, and Caughey, 1992). The types of instructional strategies found in inclusive classrooms, including peer tutoring, cooperative learning groups, and differentiated instruction, have been shown to be beneficial to all learners. For example, Slavin, Madden, & Leavy (1984) found that math scores for students with and without disabilities increased by nearly half a grade level as a result of working in cooperative learning groups.

According to Sanjeev (2007), India is one of the few countries where the education of children with special needs does not fall within the purview of the human resource development sector, but rather the social justice and empowerment sector, whose primary focus is rehabilitation, and not education. The issue of education of children with disabilities remains imperceptible, hidden from the public domain, a private problem for families and NGOs to deal with. According to Peters (2007), India has 70 million people with disabilities, and this came to light only after the 2001 census, which was the first time the education and employment status of people with disabilities was accounted for. Only 1-2% of these people are educated and they attend schools set up by Non-Government Organizations (NGOs), since public schools do not accommodate them, and private schools are too expensive. Only 1% of people with disabilities are employed in India (Peters, 2007), and most others are dependent on their families to take care of them, as there is no government assistance for unemployment. In addition to these challenges, they face cultural barriers rooted in the Hindu philosophy that associates a stigma of shame and sin arising from having a disability. Thus, a lack of material access to services plus the cultural beliefs of the society, lead to the struggle involved for people with disabilities.

These policies and cultural beliefs percolate down to pedagogical placement decisions for students and parental involvement in the education of their children with disabilities. While inclusive special education practices are currently restricted to serving students attending high-income private schools in urban centers, parents of students in low and middle income schools are forced to be the sole advocates for their children with disabilities. Most adults with disabilities continue to live with their parents, and this leads to caregivers taking care of both schooling needs and employment needs for their children with disabilities. Moreover, the larger cultural framework of stigma towards people with disabilities restricts access to inclusive community practices as well as inclusive schooling.

In the light of this evidence, the research questions for this paper are the following:

- What are the social, cultural and historical factors that affect inclusive special education policies and practices in India?
- What role does culture play in shaping teacher attitudes, and pedagogical inclusive practices in special education?
- How do parental views on special education affect access to services?

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These factors will be discussed by highlighting current policies, trends and practices that affect students with disabilities both at the macro and micro level of analysis.

Social, Economic and Political Trends: Effect on Special Education

The social model of disability, within the context of poverty, negative attitudes towards disabilities, the caste system and the paucity of resources, plays a vital role in gaining access to special education services. While most developed countries like the United States face the problem of over-representation of certain minority groups in special education, mainly due to discriminatory practices in assessment (Harry & Klinger 2006), developing countries like India on the other hand, face a paradox where majority of the population are under-represented in schools (Peters 2004). Poverty seems to be an underlying cause and consequence of a disability, as it (a) is more common in poor families and communities, and (b) limits the access to employment and education, which in turn leads to even greater economic exclusion (Kalyanpur, 2008).

Pratham (2005) states that there are as many as 13.4 million children in India who have either never gone to school or dropped out. This includes up to 95% of children with disabilities, which accounts for 40% of the total population of people with disabilities who have never received an education, in either general or special schools (Jha 2004; Rao, Narayan & Mani, 2005). India has the “highest absolute number of out-of-school children” (UNESCO Institute for Statistics, 2005, p.21), and it is one of the 35 countries that are most unlikely to meet education for all goals by 2015 (UNESCO, 2005).

Poverty seems to be an underlying cause and consequence of a disability, as it limits the access to employment and education, and in turn leads to economic exclusion (Kalyanpur 2008). For example, The Millennium Development Goals set by the World Bank in 2004, does not include people with disabilities as contributing towards the economic welfare of developing nations; the focus instead is on educating women and children to empower the nation’s overall economic stability. Though the Education Commission in 1996 recommended that 6% of the nation’s income be spent on education, public expenditure on education continues to be 3% (Ministry of Human Resource Development 2000a). According to Raina (1999) while 97% of the expenditure at the state level is directed towards teacher salaries, only 0.18% is directed towards libraries, classrooms, equipment etc. Education policy and funding is primarily a function of the state government, but programs such as Education for All (EFA) through the Asian Development Bank, as cited in Kalyanpur (2008), have been launched at the federal level in India to target out-of-school children. Despite these efforts, recent surveys have indicated that the numbers have not changed.

Apart from the restrictions due to economic access to resources, other major social hindrances are the caste system and gender inequality, which are still prevalent in India, and lend themselves

to the lack of educational access for students both with and without disabilities. Nambissan and Sedwal (2002) found a considerable discrepancy in attendance rates between boys from scheduled-caste groups (64.3%) compared with non-scheduled caste groups (74.95%). The Ministry of Human Resource Development took up reform efforts like the Non-Formal Education (NFE) scheme, which guaranteed education to all children between ages 6-10 years in a non-formal setting, so as to make it more accessible to them and reduce child labor and the National Institute of Open Schooling (NIOS), which offers vocational courses at the secondary and post-secondary levels. These efforts certainly accelerated a growth in literacy rates, and were more inclusive in nature, bridging the inequality rates between genders and castes. But in terms of special education, the Planning Commission (1997) had stated that by 2002, all children requiring special education services will be enrolled in special schools, special classes or inclusive settings where applicable, but these goals have not yet been realized (Singhal, 2006).

Cultural Beliefs and Stigma Towards People with Disabilities

The cultural beliefs linked to people with disabilities are steeped in Hindu philosophy. Hinduism is the third largest religion in the world and the primary religion in India. It is difficult to define it, as it does not arise from a single source, its scriptures do not impose a creed, nor is it an organized religion (Sharma, 2008). But rather, it is considered a philosophy and a way of life to realize the divine by one's own efforts. However, some generalizations can be drawn between people who follow the religion. Coping with a disability, is not limited to a parents' internal struggle, and a child's manifestation of characteristics linked to the disability, but it is closely tied to the cultural values, beliefs and coping strategies that a society uses to view and deal with it. In coming to terms with a disability, people look for sources outside of themselves, like the media, internet, culture and a religion (Langford 2002). They try to figure out a cause and answers to questions like why they were chosen to carry such a burden in life. According to Gupta (2011), Hinduism provides these answers through the law of "karma" which states that deeds done by a person in a lifetime, affect their current or later lives; in that a good deed leads to good karma, as opposed to a bad deed which leads to bad karma. The law of karma follows the principle of reincarnation, and thus a person's misfortune may be linked to bad deeds done in the present or past lives, and the soul carries it along as it transmigrates from one life to another, until it is justified. Gabel (2004) conducted a longitudinal study of cultural beliefs about disabilities among South-Asian Indian immigrants living in the US, and she found that many of them believed that intellectual disability is tied to bad karma; and that it can be resolved by performing good deeds. Kumar (2000) conducted a study in South Africa and found that 80% of Hindus believed in karma and rebirth.

Gupta (2011) suggests that the belief in karma reckons negative coping strategies in people with disabilities who tend to believe that they brought it on themselves and as a result, parents are blamed for causing these abnormalities in their children. This in turn leads to feelings of shame, stigma, and dishonor to the family, to an extent where families isolate themselves socially to hide

the child who brought them this dishonor (Gilbert, Gilbert & Sanghera, 2004). Another facet of the Hindu philosophy is endurance of suffering privately as a consequence for past misdeeds (Gilbert, Gilbert & Sanghera, 2004). Many families deny going through any stress and pain, and will often not join parent support groups and other organizations to help alleviate their condition or support coping strategies (Gupta, 2011). In terms of access to special education services, some families are not at all involved with their child's education or do not even feel the need to provide them with services, as they would rather not be seen socially. But other families take it upon themselves to gain control, and use adaptive coping strategies to deal with the bad karma (Miles 1995). Those families who do take it on themselves to seek education for their children, become extremely involved, and strongly advocate for their children, by often starting up their own NGOs to provide services to kids with similar needs, as a means of overcoming their karma. Thus societal pressures and cultural beliefs arising out of a particular society and linked to a cultural context, play a significant role in defining and framing educational outcomes, especially for kids with special needs.

History of Inclusive Special Education

'A 6-year old boy, Ram, who lives in Chennai in India, went with his parents for a school admission interview. The general education school refused to give him admission because he could not see fully. He went to a special school, and they also refused admission because he could see partly!' (Field notes by Rao, 2003 at a national seminar on Inclusive education).

Education of children with disabilities in India, as all over the world, has moved from segregation, special schools to integrated education (Rao, 2003). Historically, special education services were provided in segregated schools right from the 1800s, when the first schools for the deaf and blind were set up in Bombay and Amritsar respectively. But according to Saini (2000), education policy in India took shape only after it's independence from the British rule in 1947. Out of this, arose the Universal Education for All policy, which mandated free and compulsory education for children aged 6-14 years. In an effort to serve a huge population, with limited resources, children with disabilities were not addressed.

In the 1960's the government introduced various schemes to train teachers to teach kids with special needs, and in the 1980s, the Welfare Ministry set up an institution to monitor and regulate the disability rehabilitation programs across the country. According to Kalyanpur (2008), later policy efforts in the 1980s and 1990's were specifically directed towards students with disabilities, and included "The National Policy of Education, 1986, three major pieces of legislation (the Rehabilitation Council of India Act of 1992, the Persons With Disabilities [Equal Opportunities, Protection of Rights and Full Participation] Act of 1995, and the National Trust [for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities] Act of 1999), and a bill recently introduced in parliament to make primary education compulsory." (p. 56).

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The 'Persons with Disabilities (equal opportunities, protection of rights and full participation) Act' of 1995, laid the foundation for the philosophy of inclusive education. Later that year, the District Primary Education Program (DPEP) was set up, which addressed modifications and accommodations that would make curriculum more accessible to students with disabilities. This was the first time that the term "Individualized Education Plan" came into effect.

The number of special schools rose to around 3000 by the year 2000 (Department of Education, 2000). By the year 2005, the National Curriculum Framework, set out to introduce an inclusive education practice throughout the Indian education system. It took into consideration all aspects of inclusive education, including pre-service and in-service training of teachers, smaller classroom sizes, and differentiating instructional practices. Though there have been efforts towards inclusive education, it is still a new practice that has taken shape in the last decade and is restricted to urban centers. Even in the metropolitan cities like Mumbai, Delhi, Calcutta, Chennai and Bangalore, it has not yet made the transition from theory to practice in a majority of schools.

CURRENT EDUCATION AND SPECIAL EDUCATION PRACTICES

Government and Private Schools

The school system in India consists of private and government schools. The private schools typically follow an international, national or state-level standardized curriculum. The medium of instruction in these schools is usually English, Hindi, or the State language, which varies between states. According to Jha (2004) government schools cater to the vast majority of students in general education classrooms. These government-run schools are free and in the native language, but they run into a series of problems including "teacher shortages, inadequate resources, oversized classes, and a national curriculum that is heavily rote-memory based and theory-dominated" (p. 170). The Annual Status of Education Report, India (2012) states that 80% of Indian schools are government schools, but because of the poor quality of education, 27% of Indian children are privately educated. In urban centers, more than 50% of children (27 million) attend private schools.

Language in Schools

According to the Census of India (2001) [*The 2011 data has not yet been released by the Indian government*], India has 122 major languages and 1599 minor languages and dialects. The largest language family in terms of speakers is the Indo-Aryan language family, which accounts for 790 million speakers or 70% of the population. The second largest language family is the Dravidian language family, which accounts for 215 million speakers or 20% of the population (Census of India, 2001). Although the Indo-Aryan languages (e.g., Hindi, Bengali, Marathi, Urdu) are mostly spoken in the North India, the Dravidian languages (e.g., Telugu, Tamil, Malayalam and Kannada) are mostly spoken in South India.

The official languages of the country are Hindi and English. The British colony legacy has led to English being the primary language for government, business, and education. Although Hindi is

taught as a primary language and language of instruction in northern India, it is slowly being displaced by English. In the southern states, the medium of instruction in schools is both the state language (e.g., Kannada) and English, with Hindi taking on a third-language status. Again, in the south, English immersion models in schools is displacing heritage languages. Moreover, English is considered the link language that helps with communication among people from different states and communities, who typically speak several local languages. It is also considered the language of power because it provides access to the global job market. Whereas most of the urban private schools in the country offer an English immersion program with no bilingual support, the government schools offer native language instruction.

Special Education in Schools

The field of special education, and inclusive special education in particular, has been a fairly recent development in India and has taken shape only over the last decade. It is important to note that special education services in India are still predominantly viewed as being outside the realm of the general education system, even though it is mandatory to have a special education department/learning lab (which are similar to resource rooms in the US) in every school. There is still a considerable amount of stigma attached to a disability, specifically because people with disabilities are not considered valuable to a developing economy. This attitude trickles down to the culture of education and pedagogy, and a lot of families hide the fact that their children are assessed by psychologists or get speech therapy services outside of school. Currently, inclusive special education practices are limited to high-income private schools in the large urban centers of the country. There are three tiers of private schools: low income, middle income, and high income. In low-income schools, which constitute roughly 50-60% of the school population in urban centers, there is no mention of special education, and parents and teachers still view it within a segregated context that does not find place in their schools. In the middle-income schools, which constitute roughly 30-40% of the school population in urban centers, special day classrooms for moderate/severe disabilities do exist, but although they are located within the school site, the children have no contact with their typically developing peers. In high-income schools, which constitute roughly 10-15% of the school population in urban centers, special education resource rooms that provide pull-out services for mild-moderate disabilities do exist, but there are no special day classes for either mild/moderate or moderate/severe disabilities.

Pedagogical Practices and Educational Outcomes that Inform Educational Placement Decisions in the Indian Context

According to Kalyanpur (2008), The Integrated Education for Disabled project was undertaken in 1987, but was later masked under the generic development programs such as the Education for All (EFA). It is called the Sarva Shiksha Abhiyan (SSA) program in India, and includes universal primary, elementary, vocational, non-formal, and adult education. It also includes education for disadvantaged children, children with disabilities and ethnic minorities (Rao et al, 2005). The Asian Development Bank (2002) noted that the categories of disabilities covered

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were very broad and ranged from physical, sensory to cognitive disabilities and mental illnesses as well.

Misra (2000) noted that inclusive education was not an option given the demands of the intense academic curriculum that is not adapted to meet the needs of students with disabilities. Private schooling is the other option, but it caters to a small percentage of students who can afford it, offering instruction in English, and is often seen as a gateway to the rest of the world and economic success on a global scale (Pinto & Sahu 2001).

Vakil et al (2002) noted that despite the passing of the Persons with Disabilities Act, 1995, most students with disabilities in India are serviced through private and non-government organizations. These organizations are responsible for generating 90% of the funds for children with disabilities in the country and run most of the segregated special schools, after-school tutoring services, speech, occupational, physical therapies, etc. Inclusive education practices are restricted to the private schools, and they battle similar issues related to the structured curriculum, large class sizes and a lack of professional development. Even though the government legislations mandate both state and local governments to identify kids who are “at risk” by conducting annual screenings, offering a free and appropriate education and promoting inclusive education practices where possible, there are no provisions for referral, screening or placement procedures (Jha, 2004).

Teacher Attitudes and Pedagogical Practices that Affect Students with Disabilities

Although special schools are the predominant option for students with special needs in India, the movement towards inclusive education has started in some parts of the country (Jangria, 1995; Alur & Natarajan, 2000). Teacher attitudes are an important variable to consider while evaluating the efficacy of inclusive education programs (Ringlaken & Price, 1981). Parasuram (2006) conducted a study in Mumbai, India to learn more about teacher attitudes towards students with disabilities in their classrooms. He was interested in whether background characteristic variables such as age, gender, income level, education level, and teaching experience affected teachers' attitudes towards including students with disabilities in their classrooms. He found that teachers' attitudes significantly varied with age and teaching experience. Younger teachers with fewer years of work experience had more positive attitudes towards inclusive education as opposed to older teachers with more work experience. Moreover, if teachers came from a higher socio-economic status, they had more positive attitudes towards students with disabilities when compared to teachers from lower socio-economic groups. Teachers' positive attitudes towards people with disabilities are also positively correlated with higher education levels (Yuker, 1988; Patterson, 1995; Parasuram, 2006).

According to Clarke (2003), both teachers' openness and resistance to educational reform are embedded in the cultural construction of teaching and learning. Her study explored teacher

attitudes in Karnataka, India, where the current study was conducted. The goal of Clarke's (2003) study was to introduce in-service teacher training programs that were focused on student-centric pedagogy in place of the traditional rote memorization system. She based the study on four cultural constructs that represented pedagogical practices in India (Clarke, 2001): (a) shared holistic worldview, which suggests that individuals are not autonomous but linked in an interdependent system of regulation; (b) instruction as duty, which suggests that a person's caste stipulates a set of duties, which must be followed as an obligation; (c) structural hierarchy, which suggests that the teacher is more knowledgeable to the student; and (d) knowledge as collectively accumulated, where an individual's decisions are constructed by choices of the community rather than individual experience. Her results showed that "openness to regulation, the conception of their task as duty and possibly the hierarchical social framework allows teachers to be receptive to reform programs outlined by central authorities" (Clarke, 2003, p. 37). But though teachers have started using instructional aids, activities and demonstrations during their instruction, they have not integrally transformed teaching and learning; for example the classes are still teacher-centric and the school-based exams are still focused on verbatim responses from the textbook. I could not find a similar study that introduced special education reform in terms of assessment and intervention practices, so it would be interesting to look at the impact of my study on teachers more than ten years after the Clarke (2003) study was conducted in Karnataka, India.

Parent Involvement at Home and School

Indian parents value academic achievement and family interdependence, and discourage autonomy (Dasgupta, 1989). More recently, Jambunathan & Counselman (2002) conducted a study that focused on the parenting attitudes of Asian Indian women both in India and the US. While the former tended to follow an authoritarian parenting style, the latter followed an authoritative parenting style. According to Baumrind (1967), authoritarian parents tend to be very strict and expect their children to obey them with no room for discussion. These children usually turn out to be dependent, unhappy and socially withdrawn. On the other hand, authoritative parents exercise control with a high level of expectation but also respect their children's decisions. These children usually turn out to be more independent, with a high level of self-esteem.

The family constellation plays an important role; for example a lot of children come from joint or extended families (grandparents, parents and children living together) as opposed to nuclear families, and support for a child is viewed as a universal concern (Goldbart & Mukherjee, 1999). Peshawaria et al (1995) found that grandparents were in a position to offer significant support to families. Within India's traditional family structure, there may be a greater likelihood of other family members participating in child-care and other domestic chores (Kashyap, 1989; Peshawaria et al, 1995). The primary care-giving role, be it in a traditional joint family or the modern nuclear family in India, is still taken on by the mothers with little everyday involvement from fathers (Kashyap, 1989).

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Sreekanth (2011) conducted a study to measure parents' involvement in the education of their children. He reported that most of the parents in his sample were committed to attending parent-teacher meetings, supported their children with their homework and were proactive with the teachers to focus on the welfare of their children. But apart from expected roles, parents usually do not question the authority of the teachers and do not have an understanding of alternative education programs, teaching and learning styles beyond what the school expects of them. Moreover, most parents are determined to have their children succeed on school-based exams and believe that the primary goal of education is focused on academic content knowledge.

In India, the availability of teachers and therapists in the field of special education is limited, and this increases the demands on parents to participate in their child's education and therapy (Goldbart & Mukherjee, 1999). An advantage of a joint family system is that a more experienced caregiver might be able to recognize typical versus atypical developmental patterns early on, and the care for the child with a disability is a universal one. Thus, parents are very involved with their children on the home front. Unfortunately, there are limited opportunities for special education services for these children and the society as a whole view them as a liability as they do not contribute to a growing economy. This in turn affects parental decisions regarding schooling of their children with special needs.

CONCLUSIONS

This paper documents the ecological systems in place that restrict access to inclusive special education services in a developing economy. On one hand, the paper focuses on policy and cultural beliefs and on the other hand, it highlights current trends and practices in the field. At a macro level, this was done in an effort to impact a policy change in terms of disability awareness, creating inclusive practices in school and workplaces and giving people with disabilities an opportunity to reach their true potential within an Indian context. At the micro level, the hope is that this paper would lead to providing more evidence about pedagogical decisions and help in changing teacher attitudes to students with disabilities in their classrooms. Another important contribution is to highlight the struggle of parents and provide them with more research-based special education practices and resources within the community to support their children.

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Conflict of Interests

The author declared no conflict of interests.

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Role of Emotion Regulation in Quality of Life

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ABSTRACT

The purpose of this study was to investigate the association between Emotion Regulation and quality of life. Five hundred and thirty-eight adults, 262 men and 276 women, selected through random sampling method participated in the study. Emotion Regulation Questionnaire (ERQ) and Quality of Life-BREF scale (WHOQOL-BREF) were used to gather data. Results of the study revealed a significant correlation between the variables; however, reappraisal showed a positive relationship with quality of life while suppression showed a negative relationship. There was no gender difference.

Keywords: *Emotion Regulation, Quality of Life, Reappraisal, Suppression of Emotion.*

Emotions figure extremely prominent in our lives that it's hard to imagine not having them, they are generally believed to play a crucial role in shaping individuals' behavior. Thus, regulation of emotions in an adaptive manner is considered as vital aspect for quality of life. According Gross (1998, p.275) emotion regulation is "the process by which individuals influence which emotions they have, when they have them, and how they experience and express them", whereas Gross and Thompson (2007) defined regulation as the automatic or controlled, conscious or unconscious process of individuals influencing emotions in self, others, or both.

World Health Organization (2005) defines Quality of life as an individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment. Quality of life is an overall general well-being that comprises objective descriptors and subjective evaluations of physical, material, social and emotional well-being together with the extent of personal development and purposeful activity, all weighted by a personal set of values (Felce, & Perry, 1995).

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Regulation of emotion is labeled as the effective use of specific adaptive emotion regulation strategies (see Gross, 1998, Gross & Thomson, 2007). Compass (1998) suggests that emotion regulation strategies, specifically reappraisal are associated with fewer behavioral, emotional and substance abuse problems. Research findings suggest that one of the most effective strategies for emotion regulation is 'reappraisal' which involves changing one's emotional experience by changing the meaning of the emotion-eliciting stimulus. Cognitive reappraisal neutralizes a potentially emotion-eliciting situation before negative emotions are triggered (i.e., thinking about the situation in a manner such that one does not respond emotionally). The use of reappraisal has been related to positive affect, healthy social functioning, increased quality of life and decreased depression symptoms (Gross & John 2003). Reappraisal has been linked with many domains of psychological health, including self-acceptance, clear life purpose, and high autonomy. It has also been linked to closer relationships, decreased symptoms of depression, increased life satisfaction, higher optimism, and higher self-esteem (John & Gross 2004).

Expressive suppression involves inhibiting ongoing behavior to make the experience of emotion not evident to others through facial expressions and other behavioral manifestations of the emotion (John & Gross 2004). However, suppression behavior does not reduce the emotional content generated, but merely controls the outward expression of an individual's response to psychologically relevant situation (Gross & Thompson 2007). This regulatory mechanism has been related to increased levels of negative emotion, increased rumination regarding negative mood, decreased interpersonal function and quality of life (Butler et al., 2003; Gross & Levenson 1997; Gross & John 2003; John & Gross 2004). Emotion regulatory processes are central to mental health; they can either support or disrupt the capacity to work, relate to others and enjoy oneself (Gross & Munoz 1995). In two experiments by Butler et al., (2003) revealed that suppression disrupted communication and magnified blood pressure responses in the suppressors' partners. Suppression had a negative impact on the regulators' emotional experience and increased blood pressure in both regulators and their partners. Suppression also reduced rapport and inhibited relationship formation (Butler et al., 2003). Psychopathic traits positively related to maladaptive emotion regulation strategies such as suppression (Heinzen, Koehler, Smeets, Hoffer, & Huchzermeier, 2011). In a series of experimental and individual difference studies Gross and his colleagues tested the affective, cognitive and social consequences of reappraisal and expressive suppression. Across experiments, researchers found that, affectively, reappraisal had a positive impact (decreasing negative emotion experience) whereas expressive suppression had a negative impact (decreasing positive emotion experience). Cognitively, reappraisal did not affect memory, but expressive suppression impaired memory for social information, in the social domain too, suppression compromised social functioning, whereas reappraisal did not (Gross, 2002; Gross & John, 2003; Gross, Richards & John, 2006; John & Gross, 2004). Reappraisal enhances recall and suppression of emotion-expressive behavior impairs recall (Dillon, Ritchey, Johnson, & LaBar, 2007). Psycho-physiologically emotion suppression leads to a transient increase in sympathetic activation, psychosocially it significantly

alters the material and emotional support that social partners provide thereby indirectly influences cardiovascular health (Nykliček, Zeelenberg, & Vingerhoets, 2011). Emotion suppression is associated with enhanced sympathetic nervous system reactivity and might lead to cardiovascular disease (Butler et al., 2003; Mauss & Gross, 2004), whereas cognitive reappraisal is generally related to decreased negative affect without any accompanying sympathetic nervous system activation (Butler et al., 2003; Ochsner et al., 2004). Emotional health, or more specifically the ability to efficiently regulate emotion is likely to be a strong determinant of psychological and physical health (Hamilton et al., 2009). The review of the literature reveals that regulating emotions are thought to influence all domains of quality of life. In the present study, we examined the relationship between emotion regulation strategies (i. e., reappraisal and expressive suppression) and quality of life across genders.

METHOD

Sample and Procedure

For the present study, 538 adults (262 men and 276 women) were selected by simple random sampling procedure from Mysore region. The age range between 20 to 39 (mean age = 29.86, SD = 4.22). Only those who have minimum 12th-grade education were selected keeping in mind that the participants can comprehend questions properly and respond appropriately. After getting the consent, participants were administered demographic data sheet, Emotion Regulation Questionnaire (ERQ) and Quality of Life-BREF Scale. After the completion of the questionnaires, each questionnaire was checked to make sure that the participants responded to all the items.

Materials

Emotion Regulation Questionnaire (ERQ) is a 10 item self-reporting questionnaire with 7-point rating scale developed by Gross and John (2003). It was developed to assess two major emotion regulation strategies namely Reappraisal and Suppression. Chronbach's Alpha of this questionnaire is 0.79 for Reappraisal and 0.73 for Suppression. Test-retest reliability is 0.69.

WHOQOL-BREF is a self-report measure consists 26 items 5 point Likert scale, developed to encompass the physical, psychological, social and environmental aspect of subjective well-being which is the wide range of facets approved by international accord. Domain scores were scaled in a positive direction (higher scores denote better QOL), with a score range of 4-20 that were transformed to 0-100 scale according to the standard procedure defined in WHOQOL user manual. The WHO-QOL group created the WHOQOL-BREF (Harper & Power, 1998) as a more user-friendly measure of QOL that could be applied cross-culturally. Each domain covered in this scale has high test-retest reliability that is 0.66 for physical health, 0.72 for psychological, 0.76 for social relationships and 0.87 for the environment. WHOQOL-BREF correlated highly ($r = 0.89$) with the original WHOQOL-100 domain scores.

RESULTS

The purpose of present study was to investigate the relationship between emotion regulation and domains of the Quality of life namely Physical health, Psychological, Social relationship and Environment.

Table 1: Correlation between emotion regulation (reappraisal and suppression) and Quality of life

	1	2	3	4	5	6
1. Reappraisal	—					
2. Suppression	.226**	—				
3. Physical Health	.198**	-.065	—			
4. Psychological Health	.100*	-.015	.497**	—		
5. Social Relationship	.140**	-.041	.314**	.230**	—	
6. Environment	.121**	-.106*	.503**	.461**	.283**	—

Note. *p < 0.05. **p < 0.01.

In order to ascertain the purpose, Pearson product moment correlation was used. Obtained results are displayed in table 1 which reveals that reappraisal has significantly positive association with all the domains of Quality of Life. Another emotion regulation strategy has a negative relationship with all the domains of Quality of Life. However, the negative relationship with environment domain of Quality of Life is statistically significant.

Although findings of correlation are showing that these strategies are related to domains of quality of life, but it does not show the relative significance of these two strategies in predicting quality of life. Hence, to address this objective a series of step-wise multiple regression analysis was conducted using emotions regulation strategies as predictor variable and domains of quality of life as a criterion. The obtained results are displayed in table 2.

Table 2: Regression analysis, subscales of Reappraisal and Suppression as predictors and domains of QOL as criterion variables (method = stepwise)

Gender with ERQ subscales	Quality of Life							
	Physical Health		Psychological		Social relationship		Environment	
	β	t	B	t	β	t	β	t
Gender	-.013	-.31	-.28	2.33	-.01	-.142	.55	1.282
Reappraisal	.224	5.18***	.10	-.64*	.14	3.267***	.152	3.49***
Suppression	-.116	-2.68**	-.04	-.91	-.76	-1.74	-.140	-3.21***
Model	F (2,535) = 14.63, p=0.001		F (2,535) = 5.406, p=0.020		F (2,535) = 10.68, p=0.001		F (2,535) = 9.168, p=0.001	
Explained variance (R^2)	5.2%		1.0%		2.0%		3.3%	

Note. *p < 0.05, **p < 0.01. ***p < 0.001

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The table 2 shows that reappraisal has positive association and suppression has a negative relationship, both are the best predictor of physical health. Positive reappraisal emerged as best predictors of psychological and social relationship. Finally, both the strategies emerged as the best predictors of environment domain, which reappraisal has positive association while suppression has a negative relationship.

Table 3: showing results of independent sample t-test for Gender difference in Emotion Regulation and Quality of Life

	Gender				df	t	p
	Men		Women				
	Mean	SD	Mean	SD			
Reappraisal	28.76	6.34	28.58	6.43	536	.327	.744
Suppression	17.13	4.87	16.81	4.83	536	.727	.468
Physical Health	69.13	14.82	69.25	15.12	536	-.092	.927
Psychological	66.43	13.67	64.95	14.44	536	1.181	.238
Social relationship	64.68	16.22	66.44	16.78	536	-1.192	.234
Environment	62.31	14.95	65.25	15.07	536	-2.182	.030

Independent t-test was used to find out the gender difference, no significant gender difference was found in emotion regulation, but in Quality of Life, the gender difference existed in environment domain, no significance difference in rest of the domains.

DISCUSSION

The objective of the present study was to examine the relationship between emotion regulation and Quality of Life and to find out gender difference. The findings of the study indicate that reappraisal is positively associated with all the domains of Quality of Life. This reveals that frequent use of reappraisal result sinenhanced quality of life. In line with the previous findings (Gross & John, 2003; Gross, 2004). The present study supports the notion that reappraisal is an adaptive emotion regulation strategy. Researchers emphasize that reappraisal has a positive impact in decreasing negative emotional experiences, facilitating social and cognitive functioning. Thus, increasing environmental and psychophysiological health (Gross, 2002; Gross & John, 2003; Gross, Richards & John, 2006; John & Gross, 2004). The results of the present study support these findings. On the other hand, suppression is negatively related to quality of life which indicates that frequent use of suppression in regulating emotions leads to poor quality of life. Earlier studies reveal that suppression is a maladaptive strategy which has a negative impact on psychophysiological functions and also affects on social relationship (Butler et al., 2003; Dillon, Ritchey, Johnson, & LaBar, 2007; Mauss & Gross, 2004; Nykilick, Zeelenberg, & Vingerho ets, 2011; Ochsner et al., 2004). In line with the previous findings, the present study

also supports that suppression has a negative association with quality of life. Eventually, habitual use of suppressing emotions for a longer duration has an adverse effect on all domains of quality of life. Further, no significant gender difference was found in emotion regulation and quality of life.

In summary, it is evident that reappraisal has a positive relationship with quality of life, also it emerged as the best predictor and facilitates the overall quality of life of an individual, whereas suppression has negative effect on quality of life and emerged as best predictor in poor physical health and environment domain of quality of life. There is no gender difference in emotion regulation and quality of life, further research needs to focus on this aspect and clarify the gender differences.

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Conflict of Interests

The author declared no conflict of interests.

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Relationship between Perceived Parenting Skills and Self Esteem among Adolescents

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ABSTRACT

This study is to find the relationship of perceived parenting skills (modes), with mothering and fathering impact on the self-esteem of adolescent. This study examines the skill of father, mother, and parental (as whole) influence on the self-esteem of adolescents. The study is based on adolescents' perception of parenting. The study involves a sample of 255 adolescent students selected randomly from two schools in the urban area. The variables in the study were measured by using Parenting Scale (Bharadwaj, Sharma, and Garg, 1998), The Rosenberg Self-esteem Scale (Morris Rosenberg) and demographic details. Statistical analysis was done using statistical package (SPSS), with t-test, ANOVA and Karl Pearsons Correlation. The results showed that parenting styles had significant effects on adolescents' self-esteem. It was also found that girls had a higher level of self-esteem than the boys. However no significant difference was found in the self-esteem of adolescents based on birth order and father's occupation. The implication of the findings is that the type of parental upbringing has significant impacts on the self-esteem of adolescent and therefore, parents and caregivers should ensure the use of best practices in child upbringing.

Keywords: *Parenting Skills, Self Esteem, Adolescents*

The task of child rearing is exceedingly difficult in a context of rapid societal change which is reflected in the complexities of changing family structures, the challenge of balancing work life, and in the social and environmental issues that affect communities. Amidst these difficulties the role of parents is to nurture their offspring. The role of parents as sculptors to constitute a child's behaviour which is manifested, learned, encouraged, and suppressed by effective parenting skills. For all social and educational development, the family and parenting style plays an important role.

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Parents attempt to shape, control, and evaluate the behaviour and attitudes of their children in accordance with an absolute set of standards; value obedience, respect for authority, work, tradition, and preservation of order; discourage verbal give and take. Parenting as the style of child upbringing refers to a privilege or responsibility of mother and father, together or independently to prepare the child for society and culture (Veenes, 1973a) which provides ample opportunity to a child to find roots, continuity and a sense of belonging (Shiorohi and Chauhan, 1991) and also serves as an effective agent of socialization. Though parenting, as a perception of the parents to their own attitude towards the child, happens to be of great significance in the dynamics of behaviour for socio-psychological researches, but how child perceives his/ her parenting always remains a neglected phase of researches and should be deemed most important as he is the one whose process of socialization stands for furtherance (Bharadwaj, 1996).

Self-esteem in sociology and psychology reflects a person's overall subjective emotional evaluation of his or her worth. It is a judgment of oneself as well as an attitude towards the self. It is the self-evaluative part of the self-concept. Self-esteem is a global self-evaluation that blends many specific evaluations about one's adequacy as a student, an athlete, a worker, a spouse, a parent, or whatever is personally relevant. In western cultures it is considered the bedrock of an individual's success. Smith and Mackie (2007) defined it by saying "The self-concept is what we think about the self; self-esteem is the positive or negative evaluations of the self, as in how we feel about it." Healthy self-esteem to a child is like a shield against the challenges of the world.

Choi, S., L., Ooi, S. H., and Rabeatul, H. A. R. (2015 AUG) conducted an Analysis on The Relationship between Parenting Styles and Self Esteem of Students of a University in Malaysia (case study). As a conclusion, the results show that permissive parenting style is the dominant parenting style and has positive relationship between authoritative parenting style. The study found that the authoritarian parenting style has a negative relationship with students' self-esteem. Sathyabama, B., and Jeryda, G. J. O. (2014. AUG) studied Perceived Parental Attitude and Self Esteem of Adolescents. The results revealed that there was a significant relationship between parenting and self-esteem of adolescents. Moreover the boys and girls differed in the perception of parenting and in the level of self-esteem.

METHODOLOGY

The aim of the present study is to find the adolescents perception of their parent's different parenting skill models, in relation to the self-esteem of adolescence with various demographic details.

Objectives of the Study

1. To assess the difference between adolescents' self-esteem of adolescent based on gender.

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2. To investigate the relationship between self-esteem of adolescent and their perception of parenting.
3. To assess the self-esteem of adolescent under different modes of mothering and fathering separately.
4. To assess the self-esteem of adolescent based on birth order.
5. To assess the self-esteem of adolescent based on occupation of father.

Hypothesis

1. There will be no significant difference in the self-esteem of adolescents based on gender.
2. There will be no significant relationship between the self-esteem and parenting of adolescents.
3. There will be no significant difference between overall parenting of father and mother of adolescence children.
4. There will be no significant difference in the self-esteem of adolescence based on their perception of mothering under different modes:-
 - A. Rejection vs. Acceptance.
 - B. Carelessness vs. Protection.
 - C. Neglect vs. Indulgence.
 - D. Utopian Expectation vs. realism.
 - E. Lenient Standard vs. Moralism.
 - F. Freedom vs. Discipline.
 - G. Faulty role Expectations vs. Realistic Role Expectation.
 - H. Marital Conflict vs. Marital Adjustment.
5. There will be no significant difference in the self-esteem of adolescence based on their perception of fathering under different modes:-
 - A. Rejection vs. Acceptance.
 - B. Carelessness vs. Protection.
 - C. Neglect vs. Indulgence.
 - D. Utopian Expectation vs. realism.
 - E. Lenient Standard vs. Moralism.
 - F. Freedom vs. Discipline.
 - G. Faulty role Expectations vs. Realistic Role Expectation.
 - H. Marital Conflict vs. Marital Adjustment.
6. There will be no significant difference in the self-esteem of adolescents between 1st, 2nd, and 3rd birth order.
7. There will be no significant difference in the self-esteem of adolescents whose fathers' occupations are categorised as self-employed, or white collar job, or blue collar job.

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Research Design:

This study is Ex-post Facto research as the research attempts to examine, the relationship between adolescents' perception of parenting skill and their self-esteem at the time of investigation. Primary data was collected by survey method. It is a non-experimental study.

Variables Of The Study

- Independent variable - Parenting skills.
- Dependent variable – Self-esteem.

Sampling Design

- A disproportionate stratified random sampling on urbanised adolescent students of both genders was selected for this study.

Sampling Characteristics

The sample is drawn by survey method from students of P.A.K. Palanisamy Nadarboys higher secondary school and Arumuga Nadar girls higher secondary school. Stratified sampling is done among adolescence students of standard XI, and XII among 3 sections, irrespective of the size of the population or stratum. Sample selected were 300 adolescent urban area students and after exclusion of inappropriate data 254 adolescence students consisted the sample size. Hence 135 male students and 119 female students were selected with similar categorization.

Inclusion/Exclusion Criteria

Inclusion criteria	Exclusion criteria
Adolescents of biologically reared children. Physically fit adolescents. Interested participants.	Single parented children. Children with psychosocial problem. (teacher's report) Incomplete data.

Table shows Sample Characteristics

Gender		Birth Order					Occupation of Father		
Girls	Boys	1	2	3	4	5	Self Employed	White collar	Blue collar
119	135	141	90	23	2	1	51	72	131

Demographic Description

The age group of the respondents was 16 – 18 years. The average age was 17.5 year. The mothers were mostly unemployed, and most of the fathers were held up at low socio-economic status jobs. Nearly one third of the parents are working as coolies. Domicile of the respondents were from 100% urban area, as the study was done in urban area. Significant percentage of respondents' family size was 4 to 6 members. Birth order had large number of 1st and 2nd born

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than the 3rd, 4th and 5th born. In regard to siblings majority of them were 2. In regard to religion, majority of them were Hindus, and remaining were Muslims and Christians. With regard to birth order, nearly two third were of first birth order and the rest were of second birth order. Majority of the respondents seem to live in nuclear family type.

Tools Used For The Study

Table shows Overview of the tools used in the study

SL. NO	NAME OF THE TOOL	AUTHOR	VARIABLES MEASURED	RELIABILITY AND VALIDITY
1	Parenting Scale (P Scale)	Bharadwaj, R. L., Sharma, H., and Garg, A.,	Parenting Skills	Reliability 0.72 Validity 0.75
2	Rosenberg Self-Esteem scale	Rosenberg, M. (1965)	Self-Esteem	Reliability 0.77 Validity 0.63

Administration Of The Tools

After obtaining permission from the principal, the students were given information about the research study, instructions of the questionnaire and trust to maintain confidentiality of their answers. Students, who were willing to participate, were provided with a self-report questioner which exposed their self-esteem, and their perceiving of parental attitude (of both father and mother) towards them. Student's demographic details were obtained through survey.

Statistical Test Used

The following techniques were used in the study:

1. Descriptive statistics such as mean and standard deviation, and 't'-test were used to determine
 - Difference in self-esteem based on gender
 - Difference in self-esteem based on mothering and fathering
 - Self-esteem based on different modes of mothering
 - Self-esteem based on different modes of fathering
2. Karl Pearson's correlation to assess the relationship between parenting and self-esteem.
3. Anova (one way) to find difference in self-esteem based on
 - Birth order
 - Fathers occupation

RESULTS

Table shows the variable, Overall adolescents Mean score of high and low Self-Esteem.

Variable	High	Low
Self-esteem	28.39	18.00

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Table shows the variable, sample size, Mean, Standard Deviation, 't' value and Level of Significance of Self-esteem based on the adolescents gender.

Variable	Nature of Sample	N	Mean	Standard Deviation	C.R. value
Self-esteem	Males	135	27.47	3.32	3.58**
	Females	119	29.00	3.45	

p**<0.01

Table shows the variable, sample size, and significance level in the Relationship between overall parenting and self-esteem among adolescent with Karl Pearson's coefficient of Correlation.

Variables	N	C R Value
Overall Parenting	254	0.204**
Self-Esteem		

p**<0.01

Table Shows the variable, Nature of sample, sample size, Mean, Standard Deviation, 't' value and Level of Significance on self-esteem between adolescents perception of mothering and fathering.

Variable	Parenting Sample	N	Mean	Standard Deviation	C.R Value
Self-Esteem	Fathering	254	376.96	54.8	2.28*
	Mothering		387.33	47.2	

p*<0.05

Table Shows the Variable, Nature of Sample, Sample size (N), Mean, Standard Deviation (SD), 't' value(C.R), and Level of Significance on self- esteem among the adolescent students on all the factors of mothering.

Variable	Fathering Modes	N	Mean	SD	C.R. Value
Self esteem	Rejection	154	27.68	3.39	2.98**
	Acceptance	100	28.98	3.42	
	Carelessness	89	27.70	3.65	
	Protection	165	28.44	3.33	1.63NS
	Neglect	108	27.83	3.43	
	Indulgence	146	28.45	3.47	
	Utopian	43	28.09	3.24	0.199NS
	Realism	211	28.20	3.51	
	Lenient standard	184	27.85	3.45	
	Moralism	70	29.05	3.33	2.53*
	Freedom	92	28.09	3.46	
	Discipline	162	28.24	3.46	
	Faulty-Role Expectation	169	27.85	3.28	2.204*
	Realistic-Role Expectation	85	28.86	3.72	
	Marital conflict	144	27.52	3.27	
	Marital Adjustment	110	29.06	3.51	3.6**

p*<0.05 p**<0.05 NS not significant

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Table: Shows the Variable, Nature of Sample, Sample size (N), Mean, Standard Deviation (SD), 't' value(C.R), and Level of Significance on self- esteem among the adolescent students on all the factors of fathering.

Variable	Nature of Sample	N	Mean	Standard Deviation	C.R Value
Self esteem	Rejection	122	27.63	3.33	2.45*
	Acceptance	132	28.99	3.50	
	Carelessness	89	27.80	3.61	1.28
	Protection	165	28.39	3.36	
	Neglect	102	27.59	3.42	2.24*
	Indulgence	152	28.58	3.44	
	Utopian	42	27.30	3.80	1.81
	Realism	212	28.36	3.37	
	Lenient standard	160	27.80	3.42	2.35*
	Moralism	94	28.85	3.44	
	Freedom	113	28.06	3.40	0.52
	Discipline	141	28.29	3.51	
	Faulty-Role Expectation	167	28.08	3.27	0.67
	Realistic-Role Expectation	87	28.39	3.80	
	Marital conflict	144	27.52	3.27	3.6**
	Marital Adjustment	110	29.06	3.51	

p*<0.05 p**<0.01 NS not significant

Table (Anova) – One Way Shows the Birth order, Sample size (N), Grouping, Sum of square, df, Mean square, F, and significance level of self-esteem of adolescence based on birth order.

Birth Order	Sample Size (N)	Groups	Sum of Square	Df	Mean Square	F
1	141	Between	2.699	2	1.350	
2	90	Within	3028.23	251	12.065	.112
3	23	Total	3030.929	253		

N S- not significant

Table –Anova (one way)Shows Occupation type, Sample Size, df, Mean square, F test, Significance Level of Self-esteem of adolescents based on occupation of father.

Occupation Type	Sample Size			Df	Mean Square	F
Self Employed	51	Between Groups	39.274	2	19.637	
White Collar job	72	Within Group	2991.655	251	11.919	1.648
Blue collar Job	131	Total	3030.92	253		

NS not significant

DISCUSSION SUMMARY

- (i) From the results it is observed that in general there is a overall difference in the level of self-esteem among adolescents.
- (ii) Results reveal that there is gender difference among adolescents. It was found that self-esteem of girls was higher than that of boys. It may be because at this adolescent stage girls tend to be more attached to parents than boys who move away from parents in search of social identity.
- (iii) The results show there is a positive relationship between parents and adolescent sample. It may be due to good parenting perceived by most of the adolescents. Other demographic variables may also been a factor.
- (iv) There is a difference in adolescents' perception of parenting among father and mother. Mothering is of higher score than fathering. Adolescents at this stage may be more attached to mother than that of father. Father tends to be strict to adolescents than mother. Mothering score more due to the care they show towards children at home in care of their basic needs with more love and affection. Fathers' may not be able to express their love and care as mothers towards their children. Other factors of economic stress and work load may also act as a factor for inhibition to be close to children.
- (iv) Results show there is difference in different modes of mothering and fathering as perceived by adolescents of both gender. Some modes are accepted to have an effect on adolescents' self-esteem. Results clearly indicate that the means of the various dichotomous modes show that positive styles have higher scores than the negative. So it clearly indicates that positive parenting enhances self-esteem of adolescents. Positive modes of father and mother has an impact on adolescents self-esteem.
- (v) Results indicate there is no difference in self-esteem due to different birth order of adolescents. So this indicates that parents care towards children is equally perceived by children of various order of birth.
- (vi) There is no difference in self-esteem of adolescents based on the occupation of their father. It may be due to overall parenting to have given the same effect to children in their self-esteem. The children of the school may not have difference of opinion in comparison with father's status based on occupation to have an effect on their self-esteem.

SUMMARY AND CONCLUSION

Summary

The present study was carried to find the relationship between perception of parenting skills and self-esteem among adolescents. Expost facto, non-experimental survey design was used for the study. Convenient random sampling of 254 samples, including 135 males and 119 females were selected from two schools in Chennai city. Tools used in the study were Parenting Scale by R.L. Bharadwaj, H. Sharma and A. Garg and the Rosenberg Self-Esteem Scale by Morris Rosenberg. The data was statistically analysed using SPSS version 19. Mean, Standard deviation, 't'-test, ANNOVA and Pearson's Correlation. The results were calculated and discussed.

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Conclusion

From the above mentioned statistical inference the results revealed the following conclusions:

1. There is a significant difference in the self-esteem of adolescents based on gender.
2. There is a significant relationship between the self-esteem and parenting of adolescents.
3. There is a significant difference between overall parenting of father and mother of adolescence children.
4. There is a significant difference in the self-esteem of adolescence based on their perception of mothering under different modes as Rejection vs. Acceptance, Lenient Standard vs. Moralism, Faulty Role Expectation vs. Realistic Role Expectation, and Marital Conflict vs. Marital Adjustment.
5. There is a significant difference in the self-esteem of adolescence based on their perception of fathering under different modes as Rejection vs. Acceptance, Neglect vs. Indulgence, Lenient Standard vs. Moralism, and Marital Conflict vs. Marital Adjustment.
6. There is no significant difference in the self-esteem of adolescents between 1st, 2nd, and 3rd birth order.
7. There is no significant difference in the self-esteem of adolescents whose fathers' occupations are categorised as self-employed, or white collar job, or blue collar job.

LIMITATION OF THE STUDY

- The major limitation of this study is, it was done with a small population only in urban area (Chennai).
- Less time was allocated for data collection.
- The Sample is selected based on convenience and was randomly assigned
- The data has a lack of parents' report of their parenting styles.
- Other causal factors such as teachers influence, friendship, personality etc. which affects self-esteem were not considered.

SUGGESTIONS FOR FUTHER STUDY

- Similar study could be done with large sample.
- A similar study could be done with the inclusion of parents of special children.
- Intervention Training programmes can be given to enhance adolescents' self-esteem at the early stage of adolescence
- Intervention programmes can be organized for parents to enhance parenting skills especially with adolescent children.

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Conflict of Interests

The author declared no conflict of interests.

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Moral Education: Current Values in Students and Teachers’ Effectiveness in Inculcating Moral Values in Students

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ABSTRACT

Moral values play an important role in every aspect of an individual’s life. It is necessary for the holistic growth of an individual. According to Piaget’s theory of moral judgment, adolescence is the phase where the transition from heteronomous to autonomous morality takes place. During this transition period, the role of educators becomes crucial, as most of the learning in that phase occurs at school. Despite moral education being provided in schools, there is a substantial increase in delinquency. This evokes a question whether teachers inculcate moral values effectively in students. This study focuses on measuring the current moral values in students, the effectiveness of teachers in inculcating such moral values and whether there is effective implication of the learnt moral values. Sampling method was random and the sample size of the students and their moral science teachers are 102 and 12 respectively. The age range of the students was between 12 and 14. The tools used were Moral Values Scale (MVS), Personal Values Scale (PVS) and Teachers’ Effectiveness Scale (TES). The result from that quantitative analysis revealed that the current level of moral values in students range from high to extremely high. The teachers are very effective in inculcating moral values in the students. The relationship between teachers’ effectiveness in inculcating moral values and the current moral values in students is positive, but negligible. But, the qualitative observation revealed that there is an immense gap between the theoretical knowledge of moral values of the adolescent students and the practical implementation of the same. Further studies will be focused on strategies that could encourage practical implementation of moral values through moral education in their real life situations.

Keywords: *Moral values, Teacher effectiveness.*

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Moral Education: Current Values in Students and Teachers' Effectiveness in Inculcating Moral Values in Students

For the past few years, it has been witnessed that there is a steady increase in delinquency. According to the National crime records Bureau, cases involving juvenile offenders have increased by 18% as registered in 2014. Quoting a study, mental health experts said there has been a 300% increase in the number of children committing heinous crimes in the past three years.

“In the year 2014, a total of 33,526 cases (under IPC) were registered against children below 18 years of age, as against a total number of 28,51,563 cases registered in the country during that year” (The Indian Express, Aug 20, 2015). According to the State Crime Records Bureau, Tamilnadu, 95% of delinquents live with their parents, and only 5% of juvenile offenders were homeless.

The five broad institutions of society - Family, Religion, Politics, Economics, and Education, play an important role in the development of an individual and their behaviour. Every institution teaches several aspects, which constitute moral values, on its own way. They emphasize on the norms, which are socially expected out of every individual to maintain harmony among human beings and in the social world.

Moral values play an important role in every aspect of an individual's life. It is necessary for the holistic growth of an individual. Moral values involve "social education which covers the way the individual deals with other members of the community" (Sarangi, 1996, p. 1). It is also a responsible attitude towards others and an understanding of right and wrong behaviour, expected by the norms of the society.

Although, both personal and situational factors like parenting, temperament, socio-economic background have influence any kind of human development which are inevitable, this study focuses only on moral values provided by educational institutions, in the name of moral education based on the premise that there is less effective implementation of such learning. It is to be recognized that children spend majority of their time at school. So it is to be understood that "A school is not merely a teaching shop, but a place which transmits values and attitudes" (Sarangi, 1996, p. 156).

In a small community called school, a teacher has to train his/her students to deal with the actual society effectively. Moral education is an important aspect which a teacher has to stress upon as "it is this teacher who confronts the students in the age group 6 to 15 years where they respond to the teacher more than any one else including their parents" (Sarangi, 1985, p.13).

The school curriculum, rules of the school, co-curricular activities, personality of the educators, school environment as a whole influence the development of the children including their moral

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development. Therefore, schools could also be effective resources in inculcating moral values in children. Moral education benefits the society in general and also the student in particular. It can be a stepping-stone for a peaceful life.

Despite moral education being provided in schools, there are non-harmonious incidences occurring in the society. This provokes a question, 'Where do we lack in teaching and inculcating moral values in students?'. This question gave rise to this study of teachers' effectiveness in inculcating moral values in students where the idea is to assess the current level of moral values in adolescent students and also check the effectiveness of teachers in inculcating such moral values.

Some of the theories that describe the moral development in children include, Piaget's theory of moral development, Kohlberg's levels of moral development and Einsberg's theory of pro-social moral reasoning.

1. Piaget's theory (1932): He described two stages of moral development, which are heteronomous morality and autonomous morality.

Heteronomous morality is the stage where the child will have intellectually immature morality. Here, the child understands the importance of rules of behaviour and follows them. The child also associates obedience to rules of behaviour with rewards and non-obedience with punishment.

Autonomous Morality is the stage where the transition occurs. It occurs during late elementary school age or adolescence. Here, though the child understands the rules of behaviour, the child learns that those rules are not absolute. He/she realizes that such rules are products of mere social interaction and are likely to change if majority exists.

2. Kohlberg's Theory (1958): He describes it in three levels, and the two of which are focused.

Pre-conventional level (Around 9years): In this level, rules and expectations are imposed from outside. The child still considers the self first, but also recognizes the fact that others have rights.

Conventional Level (adolescents and adults): The moral judgment is shaped by consequences of himself and the members of the group, family or nation at large.

3. Einsberg's theory (1980): In 1980s, Einsberg identified six stages of pro-social moral reasoning. The research samples fall under third and fourth level of this theory

Stereotyped and/or Approval-oriented reasoning (Level 3 - secondary school students): The orientation is interpersonal and stereotyped. The concern and acceptance of others are used in justifying pro-social behaviours.

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Empathetic reasoning (Level 4 - Secondary School students and older): The orientation is self reflective and empathetic. The concern for others stems from consequences of his/her action. He/she does it because he/she feels good.

Thus, these are the three theories that well describe the moral development in adolescents, based on which the study was preceded.

Rationale:

This study will aid in knowing the current level of moral values in adolescent students, knowing whether teachers are effective in providing moral education, and knowing whether the implication of learning occurs or not. The knowledge of this will be helpful in training teachers for effective ways of teaching and also train the students in implementation of the learnt moral values. On a large note, the study could benefit the society by bringing to light one of the causes of delinquent behaviour and also certain recommendations to reduce the same.

REVIEW OF LITERATURE

A Review is the critical appraisal of the precious studies and it helps to know the different areas covered by various studies in the field of investigation of the researcher. To do a particular research, current knowledge of that particular field is essential.

The objective of this study was about the formation in moral values at the mid-superior level (11-18 years old). The study was based on a documental analysis and the opinions provided by few international organizations in the field of education. The result emphasized on the inclusion of formation in moral values by the transversal axis and the integrated curriculum. (Martinez, B., Jose, J., Arganis, L., Maritza, J., 2013).

The purpose of this study was to understand how to provide values education in elementary education and have teachers' views on it. Participants of the study consisted of six teachers giving values education. The data were collected with semi-structured interviews, and were content-analyzed. The results showed that participants have difficulties in planning, implementing and evaluating values education lessons in respect to learning outcomes, content, instructional materials, activities and methods. (Sahinkayasi, Y., Kelleci, O., 2013).

The aim of this study is to investigate teachers' perceptions of their practice of values education, and to review their degree of professionalism in the same. Qualitative interviews with 13 teachers have been conducted. Comparative analysis was done. According to their view, values education is (a) most often reactive and unplanned, (b) embedded in everyday school life with a focus on students' everyday behaviour in school, and (c) partly or mostly unconsciously performed. Furthermore, professional knowledge appears to be missing in the area of values education among these teachers. (Thornberg, R., 2008).

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An exploratory study had focused on the preparation of student teachers for moral education. The teacher educators who carried out the curriculum and the student teachers who participated in it, were asked whether they recognized the moral aspects of the curriculum as designed. Finally, the effects of the curriculum on the learning of the student teachers were tested, using a pre- and post- test. The results of the study led to the conclusion that more attention is needed to the implicit and unplanned aspects of preparing students teachers for moral education. (Willemse, M., Lunenberg, M., Korthagen, F., 2005).

The purpose of this study was based on the hope that the findings from moral psychology will lead to best practices in moral education. The moral and character education literatures were selectively reviewed and some of the challenges that have been faced were highlighted. Then, the moral identity literature was reviewed and a new found model of moral identity formation emphasizing the “characteristic adaptations” were offered (i.e., moral orientation, moral self, moral emotions, and social relationships and opportunities). Finally, how some of these “characteristic adaptations” could be used in the development of successful moral education programs were explained. (Matsuba, M. K., Murzyn, T., Hart, D., 2011).

This article investigates the role of teachers for moral and affective education of children in secondary education, in Romania. The objectives are, to identify current challenges and difficulties faced by teachers and students in relation to moral and affective education in school, to review how teachers understand their role, to identify critical areas of teacher training and solutions for improvement. It emphasizes the need to update educational practices, while the fast changes of the education system in the last decades caused an increased resistance of school. (Velea, S., Farca, S., 2013).

The aim of this research is to study the effectiveness degree of active teaching methods (contemporary methods leaving conventional methods) on religious and moral education at recognition, emotional and behavioural aspects of students at primary school. Research sample is 103 teachers (men& women) of fifth grade in primary school who were selected randomly. Self-report measure was used for data collection. Results revealed that active teaching methods have effect on religious and moral education at Recognition, Emotional and Behavioral aspects of students at fifth grade of primary school. (Gholami, A., Maleki, H., Rizi, C. R., 2011).

A study was conducted to determine the level of morality among adolescents and to assess it as a function of their age and gender. The sample consists of 160 adolescents in of age group between 13 and 18 years. Half of these adolescents were in the early adolescence (13-15 years) and rest in the late adolescence (16-18 years) age range. The sample was selected by random sampling procedure from rural areas of Samba District, Jammu, J&K. The standardized Moral Values Scale was used for data collection. The result shows that majority of the samples had moderate to

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low morality level. None of the sample adolescents had very high morality and those who have high moral values were also few in number. Early adolescents had significantly higher levels of morality than late adolescents as revealed by statistical procedures. However, no significant differences were found in the moral values of boys and girls. The results highlight that the age of adolescents has significant influence on their morality levels. (Dr. Sarika Manhas & Ms. Ravina Kousar, 2012).

“When values are taught at a tender age, they remain with them forever. Classroom is only used for discussion, but the values we teach are in fact experimented outside class. The bottomline is that apart from academics, children need values.” says Mayank, founder of Val-Ed. Schools are currently encouraging val-ed (value education) classes, to the students where students discuss the unique positive qualities of mythological characters. From Mahabharata to current day scenario, the students discuss various issues related to life. Val-Ed is a social enterprise, which aims at teaching values to schoolchildren. It was launched in August 2013 by Mayank Solanki and has collaborated with several colleges and schools in Bengaluru and Belagavi. The classes include story telling, watching videos and discussions to help students develop elocution skills, confidence and interactive skills. This method of teaching values has also helped children deal with matters at home and some parents have pointed at positive behavioural changes in their children. (Rao S, 2016).

METHODOLOGY

Objectives:

1. To measure the current level of moral values in adolescent students.
2. To measure the effectiveness of teachers' in inculcating moral values in students.
3. To find whether there is a relationship between the first and the second objectives.
4. To find whether the practical implementation of theoretical learning occurs.

Hypothesis:

There is a relationship between teachers' effectiveness in inculcating moral values and moral values possessed by adolescent students. (The higher the teachers' effectiveness in inculcating moral values, the higher the moral values possessed by adolescent students).

Participants/ Sample size:

The participants for the study comprised of 102 adolescent students, both boys and girls, of age between 12 and 14, and 12 moral education teachers.

Tools Used:

For data collection, three standardized scale were used.

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1. Moral Values Scale (MVS)

MVS was developed by Alpana Sen Gupta and Arun Kumar Singh. It consists of 36 items, the students are asked to read the question carefully and ask to place tick mark on either yes or no. A score of +1 is given when correct response is provided. A score of 0 is awarded for all other answers. The maximum possible score for the scale is 36. Thus the high score on this scale indicates high moral values and low score indicates low moral values on the part of the participant.

2. Personal Values Scale (PVS)

PVS was developed by Madhulika Verma and Vindeshwari Waxar Pawar. This scale consists of 50 items divided into 8 value areas namely: Honesty, Love, Helpfulness, Courage, Good manners, Faithfulness, Discipline, and Cleanliness. This test is developed for population between 12 -16 years of age.

3. Teachers Effectiveness Scale (TES)

Umme Kulsum developed TES. This self anchoring scale, consists of 60 items and claims to measure five areas of teacher effectiveness namely, preparation and planning for teaching, classroom management, knowledge of subject matter, personality characteristics, and interpersonal relations all comprising 60 statements.

The split half reliability coefficient is .82 and test-retest reliability coefficient is .79. The validity coefficient of the scale is .85. It is standardized on secondary school teachers.

Procedure:

The entire study was carried out in 10 schools in Bangalore. 10 students were randomly chosen from 7th and 8th standard from each school and their respective moral education teachers. The students were aged between 12 and 14. The schools in Bangalore were selected using convenient sampling method. Students from each school were selected using simple random sampling method. The tests were group administered to students and the responses were self-reported with close-ended questions. TES was individually administered to the teachers.

Statistical Analysis:

The data collected was complied and the mean score was interpreted to find the current level of moral values in adolescent children and the effectiveness of the teachers. The strength of the relationship between the teachers effectiveness in inculcating moral values and the moral values in the students was interpreted using Pearson product moment correlation.

ANALYSIS AND INTERPRETATION

The following tables show the strength of relationship between moral values in students and the teachers' effectiveness in inculcating the same.

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Table 1 shows that correlation between MVS and TES data:

Correlations			
		MVS	TES
MVS	Pearson Correlation	1	.121
	Sig. (2-tailed)		.709
	N	102	12
TES	Pearson Correlation	.121	1
	Sig. (2-tailed)	.709	
	N	12	12

Table 2 shows the correlation between PVS and TES data:

Correlations			
		TES	PVS
TES	Pearson Correlation	1	.174
	Sig. (2-tailed)		.589
	N	12	12
PVS	Pearson Correlation	.174	1
	Sig. (2-tailed)	.589	
	N	12	102

The tables indicate that the strength of relationship between teachers' effectiveness in inculcating moral values and the moral values in the students is positive, but negligible. Thus, it could be understood that there is a relationship between teachers' effectiveness in inculcating moral values and moral values possessed by adolescent students but the relationship is too weak. In other words, the relationship is not very significant.

Table 3 shows the current level of moral values in students and the effectiveness of teachers in inculcating the same

Tools	MVS	PVS	TES	
Mean	26.93	132.88	478.16	
Interpretation	High	Extremely High	Most effective	
Sample size	102	102	12	

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The mean score of the students in MVS and PVS scale is interpreted to be 'High' and 'Extremely high' respectively. This indicates that the current level of moral values in the students range from high to extremely high. The mean scores of teachers in the TES is interpreted to be 'most effective'. This indicates that the teachers are very effective in inculcating moral values in students.

FINDINGS AND DISCUSSION

The findings suggest that the students of age between 12 and 13 have high moral values and extremely high personal values, and their respective moral science teachers' are interpreted to be most effective in teaching and inculcating moral values in students. The correlation between teachers' effectiveness in inculcating moral values and moral values possessed by adolescent students is too low to be significant.

Though the interpretation of quantitative data implies that the students of age between 12 and 13 have high moral values and extremely high personal values, the interpretation from qualitative observation of the samples' behaviour do not correlate with the former. It is evident that the students were able to understand the rules and apply them accordingly in the hypothetical situations that the scales provided. This provokes an inference that, students have the knowledge of moral values, but implementation of those values in their real life situations appears to be inadequate. The qualitative observation of researchers supports this inference and further suggests that the students provided socially desirable responses rather than the one that they desire.

Piaget's theory states that "In the autonomous morality stage, the adolescent not only begins to understand rules but also exercises control over his/her behaviour and acts in accordance with his/her code of ethics, that would have already developed with experience". Here the students' responses were socially desirable though it did not correlate with their behaviour which was observed by the researchers. Some of the students were found copying other's responses despite repeated warning as not to do so. This act is an example of how the behaviour lacks application of learned moral values.

The inference could also be supported by Nancy Eisenberg's theory of moral development, where she has developed different levels of moral reasoning. According to this theory, the sample adolescents fall under the third level of moral reasoning, that is, "Stereotyped/Approval oriented reasoning". This level involves the adolescents' perception of what will gain approval for them from the people around them.

The increase in the juvenile crime rates could be an evident example of lack of application of moral values in real life in the present times. This could be a clear indication of the gap between

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acquiring knowledge and application of the same. Considering the national juvenile crime records by National Crime Record Bureau (NCRB) – 2014, it was found that the juvenile crime rate has increased from 1.1% in 2011 to 1.2% in 2014. Around 33526 cases of juvenile crimes were reported in 2014 with most of the cases under rape, murder, attempt to murder, robbery, theft, cheating and grievous hurt sections of IPC. The tabular representation of the same is given below:

Table 1: Incidence and Rate of Juveniles in Conflict With The Law under IPC During 2011 - 2014

Sl no	Year	No of Juvenile Cases	Total Cognizable crimes	%	
1	2011	25125	2325575	1.1	
2	2012	27936	2387188	1.2	
3	2013	31725	2647722	1.2	
4	2014	33526	2851563	1.2	

Table 2: No. of cases booked under different sections of IPC in 2014.

Sl No	Crime	No. of cases
1	Rape	1989
2	Murder	841
3	Attempt to murder	728
4	Gang rape	137
5	Robbery	1024
6	Kidnapping and abduction	1455
7	Theft	6717
8	Riots	1089
10	Grievous hurt	1568
11	Cheating	349
12	Breach of trust	47
13	Assault on women to outrage her modesty	1591
14	Stalking	145
15	Arson	64
16	Acid attack	3

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Other reasons for dissimulation of the responses were observed to be the fear of being judged/criticized for his/her actual responses and also peer pressure. The students were hesitant to give honest responses for certain questions, as they feared criticism and judgment. Though repeated assurances on confidentiality were given, their belief on this regard was difficult to be changed. The pressure to maintain harmonious relationship with friends made students to help their friends with the responses to be provided on the scales, which evidently proves the existence of peer pressure.

The findings also suggested that the teachers are most effective in teaching moral values. But, on enquiry it was found that the mode of teaching was mere theoretical explanations of concepts and not other effective methods of teaching like visual/auditory aids, group activities, interactive discussions, etc. The teachings were based on the chapters in the textbook and were limited to that in most of the schools. This mode of teaching is against Kohlberg's view, where he states that moral education should be activity based and not just confined to one period. The students should be made to feel the presence of moral values in every class they attend. Such modes of teaching were missing in many schools.

Though the correlation between teacher's effectiveness in inculcating moral values and moral values possessed by adolescent students is negligible, the above paragraph describes the lack of effective methods of teaching by the teachers. Perhaps effective methods of teaching could increase the strength of the relationship. It is also to be noted that students spend majority of their time with teachers, thus effective teaching will play a role in learning.

Considering the above-mentioned observations and discussions, it is inferred that the moral education has been provided to the students by schools and the students have considerable knowledge of moral values. But, there is a lack of effective implication of learned information. Therefore, there is a need for more effective ways of offering moral education in schools. The teaching methodology should not only focus on making the students know the concepts but also focus on making the students aware of the effectiveness of practical implications of such concepts. This is of immense importance because students spend most of their time in schools and teachers could be their role models. So, if the moral acts of teachers are evident in their behaviour then the students are likely to follow the same.

The students should not only be recognized for their academic performance, but also must be recognized for their behaviours through which moral values are exercised. This could be a better method of imparting moral education as experiential learning that could be more useful than theoretical explanations.

IMPLICATIONS OF THE STUDY

1. The study examines the role of teachers in inculcating moral education. This could even apply to all the significant adults in a student's life. This calls for a 'Social Change' where adults behave morally and take responsibility for their actions. This strongly contributes to the students of moral education that is not sole the responsibility of schools.
2. The study strongly recommends the recognition and appreciation on being humane. There is a constant pressure on students to perform well academically and their academic achievements are well recognized and appreciated. But, the recognition and appreciation of good deeds of students is very rare. Encouraging good deeds is the need of the present.
3. The study suggests to make moral education compulsory at schools. It was found that many schools did not have any means of imparting moral education, with "lack of faculty" or "not very important" being the reasons for the same. Including moral education as one of the core papers in the curriculum is necessary as this will ensure serious consideration of the subject and will emphasize its importance.
4. The quality of learning should not only be assessed with examinations but should also be assessed with the efficiency of the students to apply their learning in life's situations.

SUMMARY AND CONCLUSION

The first objective of the research was to measure the current level of moral values in adolescent students. It was found that the current level of moral values ranges from high to extremely high in the adolescent students. The second objective was to measure the effectiveness of teachers in inculcating moral values in students. It was found that the teachers are very effective in inculcating moral values. The third objective was to assess the strength of relationship between teacher's effectiveness in inculcating moral values and the moral values in the students. The relationship is found to be positive, but negligible.

The fourth objective of the study was to study the practical implication of the learnt moral values. There appears to be a immense gap between theoretical knowledge and practical implementation, considering the increase in the Juvenile delinquency in the recent years as per the NCRB reports.

Further research on Moral education will be emphasized on different strategies that could be used to encourage practical implementation of moral education which would build humane qualities in students who are the hope for the future.

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Conflict of Interests

The author declared no conflict of interests.

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Concept Map: A visual Learning Tool

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ABSTRACT

A concept map is a graphic organizer that can enrich learners' understanding of a new concept and allow them to connect new concepts to the knowledge that they already have. Using visual organizer like concept map in the school classrooms helps learners to build up knowledge through active and meaningful learning. This Article explains the concept map as a visual learning tool and provides a framework for using concept map for meaningful learning. It also includes a step-by-step guide to construct concept map in the classroom.

Keywords: *Concept map, Graphic organizer, Visual learning, Visual learning tool*

A concept map is a graphic organizer that can enrich learner's understanding of a new concept and allow them to connect new concepts to the knowledge that they already have. A graphic organizer is a visual map or diagramme that demonstrates relationship between facts, concepts or ideas. It is most effective learning strategy for learners and is applied across the curriculum to enhance learning and understanding of subject matter.

In addition to helping students organize their thinking, graphic organizer can acts as an instructional tool. Webs, concept maps, mind maps and plots such as Venn diagramme are some of the types of graphic organizers used in visual learning to enhance thinking skills. According to the research study conducted by Manjula P. Rao (2004), concept mapping as instructional tool has an effect on the achievement of students and their cognitive skills. The students also reflected a positive attitude towards concept mapping as an effective instructional tool. Teacher can use graphic organizer to illustrate learner's knowledge about a topic.

Using visual organizer in the school classrooms helps learners to build up knowledge through active and visual learning.

Visual Learning

Visual learning is a way of teaching and learning in which information that is ideas, words and concepts are associated with images.

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Majority of researches indicates that learners in a regular classroom need to see information in order to learn. They learn information best by seeing it in an example format, like picture, map, graph, or video.

Visual learning is one of the best methods for teaching students, assisting them how to think and how to learn. It helps learner to organize and analyze information, think logically and critically, and stimulate the generation of ideas through brain storming. Visual learning allows learners to visualize the connections between ideas they already have, connect new ideas to prior knowledge and reorganize the ideas in logical manner.

Based upon research outcomes, the effective use of visuals can decrease learning time, improve comprehension, enhance retrieval, and increase retention (Haig Kouyoumdjian, 2012). Although visual learning is typically not prominent in most school systems, it can be an extremely useful tool.

Concept Map

As described above concept map is also a powerful visual learning tool. It is a diagramme that goes from top to bottom of a page with the core concept at top and associated concepts below it in the boxes or bubbles and are linked by words and arrows that describe their relationship. Students can use it as a visual learning and thinking tool. It helps students to better understand complicated concepts and remember them more easily. Constructing a concept map is not a generalized but a very individualistic process.

Although there is not only one best method for constructing the concept map (different combinations of interactions, question styles and activities), but it can be easily constructed in the classroom by taking following steps:

Here are some of the steps that users can use while constructing the concept map-

1. Determining the context (main idea, topic or issue to focus on):

A good way to define the context for a concept map is to construct a focus question that is, a question which clearly specifies the problem or issue that needs to be solved. A good focus question can leads to a much richer concept map. Once a topic or question is decided, it will help with determining the hierarchical structure of the concept map.

2. Identifying key concepts:

After determining the context, the next step is to identify the key concepts that connect and relate to the main idea and listing of them.

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Figure I, is an example of an initial set of concepts for a concept map about fish.

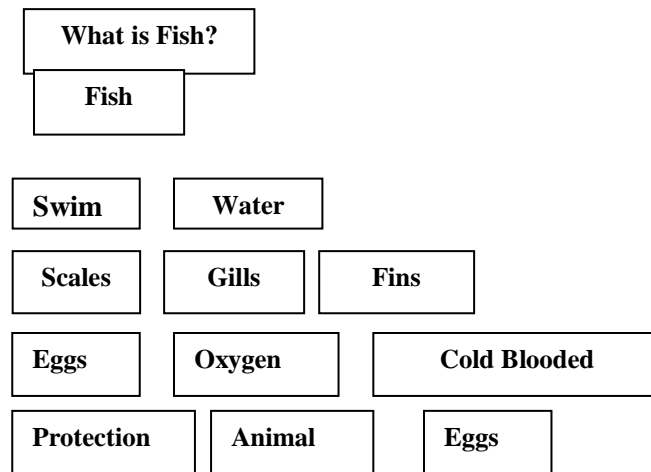


Figure I: Concepts for a concept map about Fish

3. Ranking the concepts:

Concept maps tend to be hierarchical in nature, with more general concepts at top and more specific concepts to the bottom. The listed concepts (in Figure I) can now be ranked into an ordered list (with more general concepts at top and more specific concepts to the bottom).

This ranking can be in the form of a list, or an approximate location for some of the concepts on the map, as shown in figure II. It helps to begin the process of map construction.

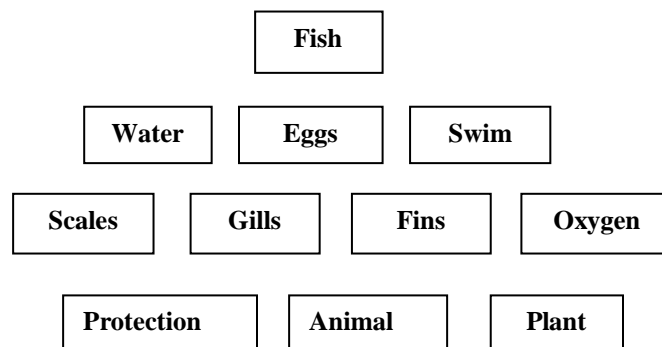


Figure II: Concepts placed in approximate ranking (more general to more specific)

4. Constructing a concept map:

The next step involves connecting the concepts, using linking words or linking phrases to create propositions (meaningful statements).

For example:

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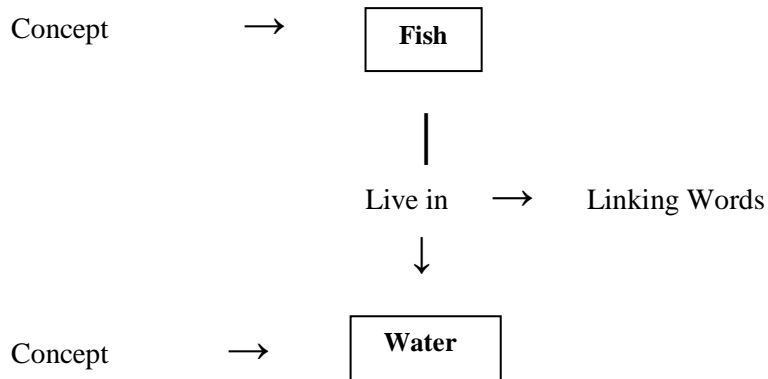


Figure III: Showing Concepts and Linking words

“Fish” and “Water” are concepts and “lives in” are linking words, and together they form the proposition- “Fish live in Water”. It needs to be noted that in concept mapping there is no predefined or fixed list of linking words.

As the concept map is created, concepts are moved around, added, removed and redefined. Figure IV shows the few linking words added to the concepts forming propositions.

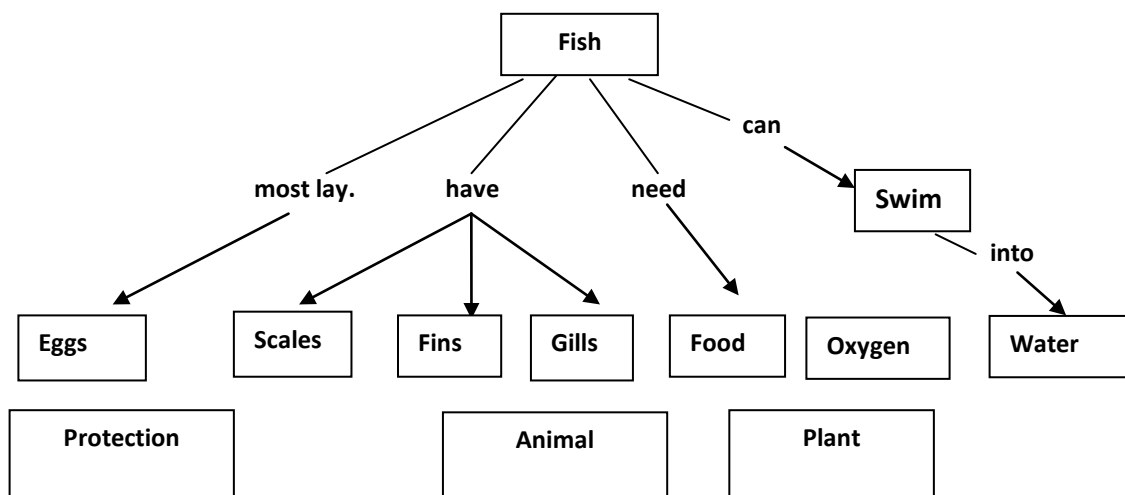


Figure IV: Linking words are added to join concepts forming propositions

The process of constructing the concept map continues by linking the rest of the concepts with the help of linking words, adding other concepts as showing in figure V.

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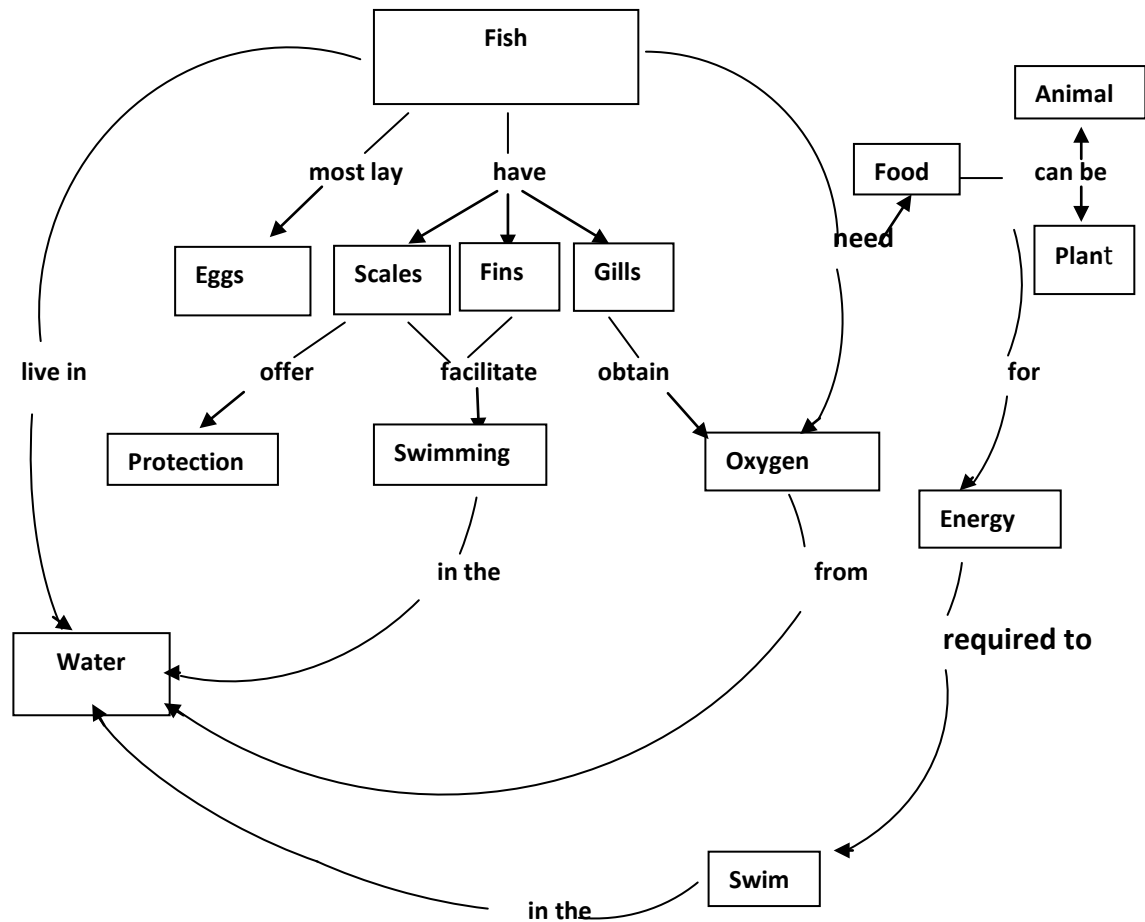


Figure V: Completed (but not final) concept map about fish

Figure V shows a completed but never finished concept map. It is noticeable that, compared to figure IV, some more concepts have been added, others have been move around and cross links have been added.

Thus, above mentioned concept making process can make abstract knowledge and understanding visible to underpin its utility. It is beneficial for both students and teachers. Students are helped to understand the topic and also to learn what is expected of them (i.e. the grasp of understanding and the construction of meaning). Teachers are able to find out whether or not their teaching facilitates meaningful learning, and, if not, what needs to be changed so that it does.

CONCLUSION

Visual symbols are quickly and easily recognized, and this can be demonstrated by considering the large amount of logos, maps, arrows, road signs etc., that most of us can recall with little effort. Visual representation also allows the development of a holistic understanding that words alone cannot convey, because the graphical form allows representations of parts and whole in a way that is not available in sequential structure of text (Lawson, 1994).

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Thus, we can say that, concept map which is one of the types of graphical organizers, can work as a powerful tool for visual learning that helps to encourage meaningful learning, development of a holistic understanding and to create new knowledge.

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The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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Influence of Perceived Organizational Support, Organizational Commitment on Organizational Citizenship Behavior among Marketing Executives

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ABSTRACT

Organizational citizenship behavior is considered as one of the vital element needed in the organizational to increase organizational effectiveness and productivity. The present study aims to study the influence of organizational commitment and perceived organizational support on organizational citizenship behavior among marketing executives. The study is Ex post facto in nature and the sample consists of 113 Male marketing executives from the sales and Marketing department in a Retail Organization with more than one year experience. The age group ranges from 19-32. The tools used in study include Organizational Commitment Questionnaire (Mowday, Porter & Steers, 1979), Perceived Organizational Support Questionnaire (Rhoades & Eisenberger, 2002) and Organizational Citizenship Behavior Questionnaire (Karunanidhi & Manimala, 2009). The statistical method used for the present study is Pearson's Product Moment Correlation to find out the relationship among variables. Results of the study indicate that there is significant relationship between organizational commitment and organizational citizenship behavior; there is no significant relationship between perceived organizational support and organizational citizenship behavior and there is no significant relationship between perceived organizational support and organizational commitment. From the present study it is concluded that organizational commitment influence organizational citizenship behavior among marketing executives.

Keywords: *Perceived Organizational Support, Organizational Commitment And Organizational Citizenship Behavior.*

Organizational citizenship behavior (OCB) is a unique aspect of individual activity at work, first mentioned in the early 1980s. Organ (1988) of Indiana University is widely credited with introducing OCB in academic literature. In the last three decades, it has grown and become a prominent stream of research.

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Organ (1988) defined OCB as, “any acts that are discretionary and non-explicitly or directly recognized by the formal system of performance management that tends to enhance the functioning and performance of the organization”. However, Organ (1997) redefined this definition, conceptualizing organizational citizenship behavior as, “any form of performance that supports the social or psychological environment in which the work tasks are embedded”. Similarly, Lambert (2006) defined OCB as, “behavior that goes beyond the basic requirements of the job and to a large extent discretionary if of benefit to the organization”. OCB include helping co-workers, who are behind in their work, showing pride when representing the organization in public, volunteering for overtime work when needed and not complaining about minor inconveniences that ate normal part of organization life.

Successful organizations need employees who will do more than their usual job duties-who will provide performance that is beyond expectations. In today’s dynamic work place where tasks are increasingly done in teams and where flexibility is critical organizations need employees who will engage in “good citizenship” behaviors such as helping their team, volunteering for extra work, avoiding unnecessary conflicts, respecting the spirit as well as the letter of rules and regulations, and gracefully tolerating occasional work-related impositions and nuisances. Organizations want and need employees who will do those things that aren’t in any job description. The current study is focused on the influence of Organizational commitment and perceived organizational support on Organizational citizenship behavior.

Perceived organizational support (POS) refers to employee’s perception concerning the extent to which the organization values their contribution and cares about their well being. The concept of POS proposes that employees personify the organizations they work for and form global beliefs about the extent to which the organization values their contributions and cares about their wellbeing (Eisenberger, Huntington, Hutchinson & Sowa, 1986).

Organizational commitment is stated as the degree to which an employee identifies with a particular organization and its goals and wishes to maintain membership in the organization. Organizational commitment has been defined as the relative strength of an individual’s identification with and involvement in a particular organization (Mowday, 1977) mention three characteristics of organizational commitment: (1) a strong belief in and acceptance of the organization goals and values, (2) a willingness to exert a considerable effort on behalf of the organization, and (3) a strong intent or desire to remain with the organization.

Need for the study

OCB is a recent phenomena introduced in organizations. It is reported that OCB can improve efficiency, reduce friction and improve coordination. So it is extremely important to explore how the employees perceive the organization and how their perception influences their extra-role

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behavior i.e. organizational citizenship behavior. It is also necessary for the organizations to identify its member's level of commitment towards it. By understanding the employee's commitment, perception will pave way to identify the key areas which are hindering performance, reducing effectiveness and factors which might influence the employee's behavior. As a result of understanding, steps can be taken to improve the perception and commitment which in turn will positively influence organizational citizenship behavior ultimately resulting in organizational development.

Studies related to Perceived organizational support, organizational commitment and organizational citizenship behavior:

The authors Shanock and Eisenberger (2006), surveyed full-time retail employees and their supervisors to investigate the relationships perceived organization support (POS) with subordinates' perceptions of support from their supervisors (perceived supervisor support-PSS), POS and in-role and extra role performance. The data were drawn from 231 full time employees of a chain of large discount electronics and appliance stores located in the northeastern United States. The results indicated that supervisors POS was positively related to their subordinates PSS. Subordinates PSS was positively associated with their POS, in-role performance and extra-role performance. Beyond these simple associations subordinates perception of support from the supervisor mediated positive relationships of supervisors POS with subordinates POS and performance. Thus the organization's supportive treatment of supervisors may have value for increasing the POS and performance of subordinates.

A study was conducted by Freund and Carmeli (2003) examines OCB of lawyers employed in the Private sector in Israel. Data was collected from 183 lawyers working in private firms in Israel. The aim of the study was to examine the relation between employee's positive attitudes towards work, their organization oriented commitments and citizenship behavior in the organization. Findings support the assumption that workers positive attitude to the organization and belief in the values and goals that the organization represents are directly related to his or her desired citizenship behavior. Results indicated that three commitments (continuance, affective and career commitment) directly influence OCB. Of these three commitments affective and career commitments had significant influence on OCB. The findings states that high level of organizational commitment influences OCB in employees.

A study was conducted by Kamp (2010) to explain the relationship between POS and proactive behavior. The construct affective commitment was expected to mediate the relationship between POS and Proactive behavior, due to reciprocity between employee and Organization. The study will be an exploratory research. Only secondary sources will be used for the study. Findings suggest that there is a positive relationship between affective commitment and proactive behavior. The relationship between different forms of organizational support and proactive

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behavior haven't been researched yet, we can only agree with that there is a lack of understanding of what is the right organizational support to enhance proactive behavior.

Research problem

Does Perceived organizational support and organizational commitment influence organizational citizenship behavior in marketing executives?

Objectives of the study

1. To study the relationship between perceived organizational support and organizational citizenship behavior among marketing executives.
2. To study the relationship between organizational commitment and organizational citizenship behavior among marketing executives.
3. To study the relationship between perceived organizational support and organizational commitment among marketing executives.

In order to fulfill the above objectives, the following hypotheses were formulated based on the earlier research findings,

Hypotheses

1. There would be a relationship between perceived organizational support and organizational citizenship behavior.
2. There would be a relationship between organizational commitment and organizational citizenship behavior.
3. There would be a relationship between perceived organizational support and organizational commitment.

Research design

The present study is ex-post facto in nature where the researcher examined the operation of variables without actually manipulating them.

Sampling procedure

Sample of 113 people were selected by using convenient sampling technique from the retail organization in Chennai city. All of them were males. The sample was selected from the people working in the marketing department on the basis of their availability.

Description of the sample

The sample consists of 113 marketing executives working in marketing department in a retail organization. The age group of sample ranges from 19.32 and the mean age was found to be 24. The years of experiences ranges from more than one year.

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Variables selected for the study

Independent variables- perceived organizational support and organizational commitment

Dependent variable- organizational citizenship behavior

Description of the tools

1. **Perceived organizational support Questionnaire** (Rhoades and Eisenberger, 2002). The original scale consists of 36 items and the shorter scale used for the current study consists of 8 items. Respondents indicate their level of agreement with each of the items using 5 point Likert scale (1-strongly disagree to 5- strongly agree). Split-half reliability was established and the reliability coefficient was found to be 0.95. The total perceived support score is the sum of the scores for all 8 items. A Score of 5- Strongly agree, 4-agree, 3-neutral, 2- disagree, 1- strongly disagree. The items 2, 3,5 and 7 are reverse scored. For reverse scoring 1-strongly agree, 2-agree, 3-neutral, 4-disagree and 5-strongly disagree. High score indicates that the employees perceive the organization more favorably.

2. **Organization commitment questionnaire** (Mowday, Porter and Steers, 1979). The questionnaire consists of 15 items measuring the commitment of employees towards their organization. The items are scored by adding the responses given by the individuals for all the 15-items. The items 3,7,9,11,12 and 15 were reversely scored items. For direct items a score of 5-strongly agree, 4- agree, 3- neutral, 2- disagree and 1- strongly disagree. For reverse scoring the score of 1- strongly agree, 2- agree, 3- neutral, 4- disagree and 5- strongly disagree.

3. **Organizational citizenship behavior scale** used for the current study was adapted by Dr.Karunanidhi and Manimala (2009) in Indian context. The original scale was developed by Podsakoff (1990) and it consists of 24 items. The scale used for the present study consists of 17 items. Items are measured using 5 point Likert scale from strongly agree to strongly disagree. The test-retest reliability coefficient found to be 0.96.

Statistical analysis used

The data collected was subjected to analysis using statistical package for social sciences (SPSS) version 17.0 for windows. The statistical methods used for the present study are Pearson's Product Moment Correlation.

RESULTS AND DISCUSSION

Table 1 Relationship between perceived organizational support and organizational citizenship behavior among marketing executives

Variable	N	Mean	SD	r
Perceived organizational support	113	32.62	2.14	0.032 NS
Organizational citizenship behavior	113	75.54	2.82	

NS- Not Significant

Two tailed test

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Table 1 indicates that there is no significant relation between perceived organizational support and organizational citizenship behavior. From this it is observed that perceived organizational support did not influence organizational citizenship behavior in this study. Hence the hypotheses stated that perceived organizational support is related to organizational citizenship behavior among marketing executives is not accepted.

Table 2 Relationship between organizational commitment and organizational citizenship behavior among marketing executives

Variable	N	Mean	SD	r
Organizational commitment	113	66.37	3.13	
Organizational citizenship behavior	113	75.54	2.82	0.383**

**significant at 0.01 level

Two tailed test

Table 2 indicates that there is a significant relationship between organizational commitment and organizational citizenship behavior. From this it is clear that organizational commitment has definite influence on organizational citizenship behavior. Hence the hypotheses stated organizational commitment is related to organizational citizenship behavior among marketing executives is accepted.

Table 3 Relationship between perceived organizational support and organizational commitment among marketing executives

Variable	N	Mean	SD	r
Perceived organizational support	113	32.62	2.14	
Organizational commitment	113	66.37	3.13	0.050 NS

NS- Not Significant

Two tailed test

Table 4.3 indicates that there is no significant relation between perceived organizational support and organizational commitment. From this it is observed that perceived organizational support did not influence organizational commitment in this study. Hence the hypotheses stated that perceived organizational support is related to organizational commitment among marketing executives is not accepted.

DISCUSSION

The present study indicates that there is no significant relationship between perceived organizational support and organizational citizenship behavior. For the employees the organization serves as an important source of socio-emotional resources. The positive valuation by the organization provides an indication that increased effort will be noted and rewarded. The findings indicate that employee's perception towards organizational support is not related to

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organizational citizenship behavior. While analyzing the relationship between organizational commitment and organizational citizenship behavior it is found that there is a significant relationship between them. This shows that worker's positive attitude to the organization and belief in the values and goals that the organization represents are directly related to his or her desired citizenship behavior. This shows that organizational commitment and organizational citizenship behavior are related to each other. The present study also indicated that there is no significant relationship between perceived organizational support and organizational commitment. This shows that employee's perception towards organization and their commitment, values and belief are not related to each other.

CONCLUSION

1. Perceived organizational support does not seem to influence organizational citizenship behavior and organizational commitment.
2. Organizational commitment has definite influence on organizational citizenship behavior.

LIMITATIONS

1. The sample size was small
2. The study was restricted to single organization
3. The study was restricted to single department
4. Organizational citizenship behavior is a wide area so there is a need to explore more variables like organizational culture, organizational climate etc.,

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The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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